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## APPENDICES TO THE BYLAWS OF THE FACULTY

(Which Comprise the Regulation of The Morehouse School of Medicine)

- Appendix I            The Maintenance of High Ethical Standards in the Conduct of Research  
(Approved July 1, 1983)  
(Updated December 12, 1989)  
Name change to Research Integrity Policy for Responding to Allegations of  
Scientific Misconduct  
(Updated July, 2005)
- Appendix II            International Program Activities  
(Approved March 21, 1986)
- Appendix III           Due Process Procedure to Govern Hearing for Faculty Prior to Censure or  
Dismissal for Just Cause  
(Approved November 20, 1986)  
(Updated May 28, 1998)
- Appendix IV           Institutional Policy on Faculty Sabbatical Leave  
(Approved August 18, 1988)  
(Updated November 20, 2003)
- Appendix V            Procedure to be used when a Faculty Member has an Unresolved Grievance  
(Approved July 27, 1989)  
(Updated May 28, 1998)
- Appendix VI            Policy Statement on Faculty-Industry Research Relations  
Invention Disclosure Form  
(Approved June 22, 1989)
- Appendix VII           Patent Policy  
(Approved June 22, 1989)  
(Updated September 2004)  
Related forms:  
Confidentiality form  
Invention Disclosure form
- Appendix VIII           Intellectual Property: Copyright and Royalties  
(Approved June 22, 1989)  
(Updated December 1, 2003)  
Related forms: Materials Transfer Agreement
- Appendix IX            Involvement of Faculty in New Policies  
(Approved November 21, 1991)
- Appendix X            Policy for Integrity and the Responsible Conduct of Scholarship and Research:  
Guidelines to Encourage Responsible Research Practices  
(Approved May 27, 1993)

Appendix XI	Faculty Appointment and Promotion Process and Policies as Approved by the Board of Trustees (Approved April 4, 1997) (Updated October 28, 1999) (Updated April 9, 2003) (Updated April, 2007)
Appendix XII	Policy for the Transfer of Grants/Equipment (Approved December 18, 1997)
Appendix XIII	Relocation Expenses (Approved October 22, 1998)
Appendix XIV	Teacher/Learner Relationship (Approved May 25, 2000)
Appendix XV	Blood Borne Pathogens (Approved March 22, 2001)
Appendix XVI	Impaired Faculty (Approved April 26, 2001) (Updated January 07, 2005)
Appendix XVII	Educational Use of Copyrighted Works
Appendix XVIII	Licensure Policy (Approved January, 2007)



## ARTICLE II

### MISSION AND GOALS OF THE MOREHOUSE SCHOOL OF MEDICINE, INC.

#### Mission

Morehouse School of Medicine 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 healthcare 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.

The Mission stated above is accomplished through the current Strategic Plan.

## ARTICLE III

### POLICY

#### Preamble

A uniform mechanism for the development and implementation of academic policy is hereby established.

#### Section 1--Definition of Policy

Policy shall mean a definite course or method of action that serves to guide and determine faculty governance.

#### Section 2--Development of and Change in Policy

Policy recommendations may arise from several sources. These include the various departments in the basic and clinical sciences, the faculty assembly, the committees of the academic policy council, the academic policy council (APC), the dean, and the president.

#### Section 3--Establishment of Policy

All academic policy recommendations, whether they come from committees or from the administration, shall be reviewed and acted upon by the APC. If necessary, policy actions of the APC shall be referred by the president to the Board of Trustees for review and decision.

#### Section 4--Implementation of Policy

Once established, academic policy shall be implemented through the office of the dean. It shall be the responsibility of all departments, offices, committees, and members of the faculty to carry out and enforce said policy.

#### Section 5--Involvement of Faculty in New Policies

When a new policy that is within the jurisdiction of the APC is to be presented for adoption, it shall be delivered to all members and staff of the APC in the form of a proposal at least 20 days in advance of the APC meeting when it is to be discussed.

Each chairperson shall hold a departmental meeting to discuss the proposed policy and shall integrate the findings of such meeting into the discussion held by the APC.



ARTICLE IV

FACULTY ASSEMBLY

Section 1--Purpose

- A. To establish a forum to promote communication within the faculty.
- B. To enable faculty members participate in the development and evaluation of academic policies and make recommendations to the dean or APC.
- C. To respond to such matters as may be referred by the dean or APC.
- D. To initiate discussion concerning any matter pertaining to the academic life of MSM.
- E. To help create, maintain and protect an academic environment conducive to growth of scholarship, teaching, and service, and respect for human rights and dignity.

Section 2--Membership

All individuals holding a faculty rank as shown below shall be members of the faculty assembly with vote:

- A. Series I Faculty  
FULL-TIME  
  
Professor  
Associate Professor  
Assistant Professor  
Instructor
- B. Series II Faculty  
FULL-TIME OR SALARIED FOR 50% TIME OR MORE  
  
Professor of Clinical  
Associate Professor of Clinical  
Assistant Professor of Clinical  
Instructor of Clinical  
  
Research Professor  
Research Associate Professor  
Research Assistant Professor  
Research Instructor

C. Series III Faculty  
VOLUNTARY OR SALARIED FOR LESS THAN 50% TIME

Adjunct Clinical Professor  
Adjunct Clinical Associate Professor  
Adjunct Clinical Assistant Professor  
Adjunct Clinical Instructor

Adjunct Professor  
Adjunct Associate Professor  
Adjunct Assistant Professor  
Adjunct Instructor

D. Emeritus

Section 3--Organization

- A. The chairperson shall preside at meetings of the faculty assembly. In the absence of the chairperson, the chairperson-elect shall preside. The chairperson-elect will assume the office of the chairperson for the following year. At the first election, there will be an election for chairperson and chairperson-elect; thereafter, the assembly shall elect chairperson-elect only for one year term. The dean cannot be elected as the chairperson of the faculty assembly.
- B. A secretary, who shall be elected by the faculty assembly, shall serve for a term of two years and may be re-elected for only one additional consecutive term. The secretary shall prepare the minutes of each meeting of the faculty assembly. The office of the dean shall support the activities of the secretary as requested, shall circulate the minutes, and shall send out notices of meetings and agenda items in a timely fashion.
- C. The faculty assembly shall elect two of its members who are not chairpersons but hold appointment in a basic medical science department and two of its members who are not chairpersons but hold appointment in a clinical science department to serve on the APC. The term of office shall be for two years and individuals may be elected for only one additional consecutive two-year term. At the first election, one member of the basic medical sciences faculty and one member of clinical sciences faculty shall serve for one year only; thereafter, the assembly shall elect one member of the basic medical sciences faculty and one member of the clinical sciences faculty each year for a two-year term.
- D. From among members of the faculty who shall have served on the APC for at least one year, the faculty assembly shall elect one whose name shall be submitted to the Board of Trustees for election by the Board to its membership for a three-year term. The faculty member so elected has the full rights and privileges of a member of the Board so long as

that individual remains a member of the faculty. However, the agenda placed before the

and place of the election one month prior to

5. New business
  6. Adjournment
- C. The agenda for a special meeting shall include:
1. Call to order
  2. Reading of the notice for the meeting
  3. Transaction of business for which the meeting was called
  4. Adjournment
- D. The president and/or the dean shall provide the faculty with an executive summary a week before the faculty assembly and have an opportunity to answer questions related to the submitted report.
- E. The faculty assembly may consider and discuss any matter relating to MSM. All recommendations adopted by vote of the faculty assembly shall be forwarded to the APC for its consideration.
- F. Faculty representatives to the APC shall present and speak to the issues referred to the APC by vote of the faculty assembly. At each regular meeting of the faculty assembly one or more faculty representatives shall report on all pertinent actions of the APC, particularly as they relate to issues referred to that body by the faculty assembly.

## ARTICLE V

### ACADEMIC POLICY COUNCIL

#### Section 1--Authority

The Academic Policy Council shall be the body of the faculty that develops and oversees the academic policies of MSM.

#### Section 2--Organization

##### A. Presiding Officer

The dean, or a designee, shall ~~preside~~ present all meetings of the APC.

##### B. Secretary

The dean's office shall appoint a recording secretary for the preparation of the minutes of the meetings.

##### C. Membership

The membership of the APC shall include:

1. Dean
2. President
3. Associate Dean for Student Affairs
4. Director, Library
5. Chairpersons of basic and clinical ~~scie~~ sciences departments and the department of medical education
6. Two elected representatives of the faculty assembly, who are not department chairpersons, but are members of a basic medical sciences department.
7. Two elected representatives of the faculty assembly, who are not department chairpersons, but are members of a clinical sciences department.
8. Student Government Association (SGA) President

##### D. Additional Membership

Additional members may be designated ~~and~~ after approval by the APC.

## E. Voting Rights

All members of the APC shall be voting members except as explicitly stated herein. A substitute attending for a voting member may vote. No person may have more than one vote.

## Section 3--Responsibilities

The APC shall receive, review, and take action on matters appropriately referred to it by the dean, committee chairpersons, members of the APC by the faculty assembly, especially as these matters concern academic policy in the following areas:

- Admission of students
- Evaluation and promotion of students
- Faculty appointments and promotions
- Curriculum development and evaluation
- Library
- Research
- Laboratory animal care
- Hospital relationships
- Continuing Medical Education

## Section 4--Committees of the Academic Policy Council

A. To facilitate its work, the APC shall elect individuals who shall serve on its standing committees.

In those circumstances where the relevant work of a standing committee of the APC can be performed more expeditiously by an inter-institutional committee, the APC shall elect the representative(s) to such committee(s) and shall require that an annual report be submitted as for inter-institutional committees.

B. Committee Chairperson

Wherever feasible the chairperson of a standing committee shall be a member of the APC. However, individuals who are especially qualified but are not members of the APC may also serve as chairpersons. Under such circumstances, a member of the APC shall be appointed to serve on that particular committee.

The chairperson of each committee shall be responsible to the chairperson of the APC.

C. Committee Membership

Committees shall include members of the faculty not serving on the APC. Ex-officio members who are charged with carrying out the actions of a committee shall not be voting members of that committee. Ex-officio members who are charged with



2. If a standing committee is to be discontinued, it shall be accomplished by amending the Bylaws. Prior to any such action, the APC shall refer the matter to the Committee on Committees for study and recommendation.

J. Operation of Committees

Committees of the APC perform administrative tasks in addition to recommending changes in policy. All such committees, in the performance of their tasks, shall function within the policies established by the APC. matters arise where a clear policy has not been established, or if a committee wishes to recommend that an established policy be changed, the committee shall formulate a recommended policy statement which the committee chairperson shall present through the chairperson of the APC to the APC. The committee shall subsequently function in accordance with such policy decisions as the APC may adopt.

K. Committee Support

The office of the dean shall provide administrative support to the APC and its committees. A staff person (non-faculty) may be appointed as an ex-officio member of a committee if he or she has explicit knowledge of facts that are necessary for the deliberation of the committee. Such an individual may maintain the minutes, assist the chairperson and prepare the agenda.

L. Standing Committees

Admissions Committee

This committee shall review and recommend admission of medical students to MSM. This committee shall be exempt from the limiting committee membership to two consecutive three-year terms.

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 be comprised of the chairperson of the APC and four members of the APC elected by the APC, one of whom shall be elected chairperson of this committee. One of the members shall be a second year representative of the faculty assembly who serves on the APC. 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.

#### Continuing Medical Education Committee

This committee shall review all aspects of ~~MS~~ participation in directly sponsored and jointly sponsored continuing ~~ing~~ medical education activities.

#### Curriculum and Evaluation Committee

The Curriculum Committee has the integrat~~ed~~ institutional responsibility for the overall design, management, implementation, and ~~eval~~uation of a coherent and coordinated curriculum leading to the ~~MD~~ degree. It is charged:

x

by the APC, the dean and the president, it shall be used by the FAPC and the APC to guide its recommendations with respect to appointments and/or promotions.

#### Graduate Education in Biomedical Sciences Committee

This committee shall oversee the programs leading to the Doctor of Philosophy degree in Biomedical Sciences as well as the Master of Science in Clinical Research. It is the responsibility of the GEBSC to make policy recommendations concerning admissions, curriculum, graduation, the assignment of research advisors and the possible waiver of course work towards awarding the Ph.D. and Masters in Clinical Research (MSCR) degrees. It shall also recommend individuals to the APC to be awarded these degrees.

### MPH Curriculum and Evaluation Committee

The charge to the Curriculum Committee is to develop a curriculum that will lead to the fulfillment of the objectives of the MPH program. The Committee is responsible for planning the academic calendar, class schedules, and the determination of core, integrated, and elective course offerings. The Committee also evaluates all segments of the curriculum, including student evaluations to identify potentially ineffective sequences, unnecessary repetitions, and subjects that may require more emphasis. The Committee is charged with conducting a continuing review of curriculum design, course organization, and teaching performance to formulate specific recommendations for modifying courses in the interest of improving the curriculum. In addition, the Committee is expected to review the descriptive outline of each course prior to incorporation in the curriculum. Each course is reviewed every two years. Annual report is made by the Program Director to the APC.

The Committee membership and Chairpersons are selected by the APC following the recommendation of the Committee on Committees. Members serve for a three year term, with a maximum of two consecutive terms allowed. One-third of the membership rotates off the committee annually. One student representative, elected by the MPH Student Government, serves for a one year term.

### MPH Students Academic Progress and Promotion Committee (SAPC)

The MPH SAPC is a standing committee of the APC. Its membership and Chairperson are selected by the APC following the recommendation of the Committee on Committees. The MPH Director submits recommendations of committee members to the Committee on Committees. Members are assigned for a three year term, with a maximum of two consecutive terms allowed. One-third of the membership rotates off the committee annually.

The Committee is charged with monitoring the academic performance of each MPH student. The Committee evaluates and makes recommendations for each student in accordance with the guidelines established and approved by the faculty. It evaluates unusual problems that students may encounter and assures that guidelines are applied in a fair and equitable manner. It determines satisfactory academic progress, probation, or dismissal for academic reasons.

The SAPC convenes at periodic intervals to monitor the personal and professional development of all MPH students and to make appropriate decisions and recommendations. The committee considers interim and final grades, qualitative evaluations, practical experiences, as well as additional evidence submitted by the student or others that might have a bearing on the student's progress.

The Committee also reviews and approves recommendations for remediation submitted by the Track Coordinators. Student's progress in the curriculum is tracked by the SAPC to determine students eligible to enter degree candidacy. Students who have met all the

requirements are recommended by the Vice President of Student Affairs to the APC (chaired by the Dean) as candidates for receipt of the MPH degree.

All committee decisions regarding student promotion, graduation and dismissal are communicated to the Vice President for Student Affairs, who in turn presents it to the APC for review and approval. The Associate Dean for Student Affairs communicates Committee decisions regarding graduation and dismissal to the student. All decisions are also communicated in writing to the MPH Program Director, the Track Coordinator, and others deemed appropriate by the Dean.

#### Research Development Committee

It shall be the responsibility of this committee to facilitate the development and maintenance of an institutional biomedical research capability of high quality.

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

This committee shall be composed of facu

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 assignment of MSM faculty members will remain the responsibility of the Committee on Committees.

#### 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. The full time staff of the Environmental and Infection Control Committee, Institutional Safety Committee and Radiation Safety Committee will serve as ad hoc members.

#### 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.

#### Institutional Biosafety 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 and all applicable federal, state or local requirements relating to procedures in which materials are used and considered to pose a biohazard.

#### Radiation Safety Committee

The Radiation Safety Committee (RSC) is the governing body for all aspects of radiation protection within Morehouse School of Medicine (MSM) and the Atlanta University Center (AUC), including all affiliated research, clinical, instructional and service units utilizing radiation sources in facilities owned or

controlled by MSM and the AUC. The RSO 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).

#### Section 5. Meetings of the Academic Policy Council

- A. Meetings shall be held at monthly intervals at a regular time and place to be agreed upon. The schedule of meetings for the next year shall be adopted by the APC at the last meeting in each academic year, such schedule to be circulated with the agenda for the

2. With the approval of the chairperson, other persons who may serve as a valuable resource to the APC may be invited to attend.
3. Any member of the faculty may attend regular special sessions of the APC as an observer.

H. Conformity of APC Policies to Board of Trustees Policies

It is expected that the policies adopted by APC, while more detailed than those of the Board of Trustees, shall not be in conflict with Board policies. The president shall be obligated to present to the Board of Trustees any matter which the APC, by vote, shall determine to be of such import that it needs review at that level. Similarly, the president shall bring to the attention of the APC any action which the president, or the Board, believes to be in conflict with established Board policy.



ARTICLE VI  
ORGANIZATION

Section 1--Board of Trustees

The Articles of Incorporation establishing ~~the~~ MSM as an independent institution defines the authority of the Board of Trustees for the operation of MSM.

The Bylaws of the Board of Trust

### Section 3--The Dean

- A. The dean shall serve as the chief academic official of MSM. The dean shall be appointed by the Board of Trustees on recommendation of the president and of a search committee comprised of members of the faculty, the administration and the student body. The faculty members of the search committee shall be appointed by the APC on recommendation of the Committee on Committees.
- B. The dean shall report to the president and be responsible to the president for the development and implementation of all programs of education, medical service and research.
- C. The dean shall serve as chairperson of the APC.
- D. The dean, and the office of the dean, shall facilitate the work of the APC and of its committees and shall administer the policies adopted by the APC.
- E. The office of the dean shall be organized in such a manner as will provide assistance to the work of the faculty and the students. The organization shall include but not be limited to:

- x An Office of Student Affairs
- x The Library

The dean may appoint such assistant or associate deans as may be deemed necessary and may delegate to them certain functions together with the authority necessary for the proper discharge of their duties.

- F. The dean shall draft, with the assistance of department chairpersons, an annual budget for support of the academic programs of MSM and shall submit this proposal to the president.
- G. The dean shall prepare an annual report reflecting the accomplishments, needs, and proposed development of the academic programs of MSM.
- H. The dean shall consult from time to time with advisory committees of the basic and clinical sciences departments regarding matters that relate to the implementation of academic policies:

2. The Clinical Sciences Advisory Committee shall be comprised of the dean as chairperson and the following persons:
  - a. Clinical departmental chairpersons
  - b. Associate or assistant deans
  - c. Directors of other offices as requested by the dean
3. Although many of the persons serving the advisory committees to the dean will be members, also, of the APC, the advisory committees shall have no authority to establish academic policies for MSM.

#### Section 4--Academic Departments

- A. The academic departments in the basic sciences established by these Bylaws shall include:
  - x Anatomy and Neurobiology
  - x Microbiology, Biochemistry and Immunology
  - x Pharmacology and Toxicology
  - x Physiology
- B. The academic departments in the clinical sciences established by these Bylaws shall include:
  - x Community Health and Preventive Medicine
  - x Family Medicine
  - x Medicine
  - x Obstetrics and Gynecology
  - x Pathology
  - x Pediatrics
  - x Psychiatry and Behavioral Sciences
  - x Surgery
- C. Department of Medical Education

#### Section 5--Department Chairpersons

- A. The chairperson of a department is an administrative officer responsible for developing, within a defined area of scientific knowledge, instructional programs for medical and graduate students and research programs appropriate to the respective department. The department chairperson shall coordinate the teaching and research activities of faculty members in the department and shall assist their academic development. The chairperson annually shall prepare a written evaluation of each salaried member of the department and shall share the evaluation with the faculty member. These evaluations

shall follow a format to be developed and/or approved by the APC. The annual evaluations shall be given substantial consideration by the chairperson in making recommendations of members of the department for promotion and for continued appointment.

In addition to sharing the evaluation report with the faculty member, the departmental chairperson shall provide guidance to members of the department at such times and under such circumstances as will be helpful in the promotion of their academic development.

- B. Department chairpersons shall be selected on recommendation of an ad hoc search





Faculty in series II are not necessarily expected to make contributions in all three areas of academic endeavor (teaching, scholarly activity, and service), but must contribute significantly in at least two areas. Academic titles in series II are qualified by a modifier and awarded to faculty who are salaried 50% time or more. Series II faculty are entitled to full faculty benefits and privileges. Promotion in this series must not be considered an automatic result of length of service to MSM.

An appointment at the rank of instructor only, may be recommended by a chairperson to the dean without review by the FAPC.

C. Series III

Series III appointments are reserved for individuals who contribute in one or more areas of academic endeavor (teaching, scholarly activity, and service). Academic titles in series III are qualified by a modifier and awarded to faculty who are voluntary or







Faculty members shall be eligible for reappointment for a term which falls within the range for their rank as shown above for initial appointment.

Professors and associate professors shall be limited with respect to the number of terms to which they may be appointed.

Assistant professors may be appointed for terms which do not aggregate more than six years of service at MSM. If during this period the faculty member is not promoted, he or she will be offered a terminal appointment for one additional year.

Instructors may be reappointed for terms which do not aggregate more than three years of service at MSM. If during this period the faculty member is not promoted, he or she will be offered a terminal appointment for an additional six months.

## 2. Series II

The individual to be appointed to a series II position shall be offered an appointment for a term as shown below:

Professor	1 to 3 years
Associate Professor	1 to 3 years
Assistant Professor	1 to 2 years
Instructor	1 year

Faculty members shall be eligible for reappointment for a term which falls within the range for their rank as shown above for initial appointment. Appointments to series II are for a specified period of time, are subject to annual reviews, and can be, but are not automatically, renewed an infinite number of times within the guidelines of MSM.

## 3. Series III

Appointments to series III are for a period of two years or less.

A recommendation for renewal of appointment is required every two years; otherwise the appointment automatically lapses. Appointment renewals shall be at the discretion of the department chairperson and the dean.

## F. Expectation of Continued Appointment

The academic functions performed by MSM are facilitated by a policy which 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 these 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 concurrent administrative appointment the policy set forth in "Article VI, Section 7--Administrative Appointment and Responsibility" applies.

## Section 5--Evaluation

### A. Faculty Evaluation

The chairperson annually shall prepare an evaluation of each salaried member of the department and shall share such evaluation with the faculty member. These evaluations shall follow a format to be developed and/or approved by the APC.

The annual evaluations shall be given substantial consideration by the chairperson in making recommendations of members of the department for promotion and for continued appointment.

In addition to sharing the evaluation report with the faculty member, the departmental chairperson shall provide guidance to members of his department at such times and under such circumstances as will be helpful in the promotion of their academic development.

### B. Chair Evaluation

A department chair shall be reviewed after having served for a period of five years, and after each subsequent five-year period, by an ad hoc committee appointed by the dean. The committee shall report its findings to the dean and shall make a recommendation regarding continued appointment.

## ARTICLE VIII

### ACADEMIC FREEDOM, FACULTY GRIEVANCE, JUST CAUSE AND DUE PROCESS

#### Section 1--Academic Freedom

1. Every member of the faculty shall be entitled to exercise academic freedom.
2. Definition:
  - a. Faculty are entitled to freedom in the conduct of research and in the publication of results, subject to adequate performance of other academic obligations.
  - b. Full time faculty who is salaried by MSM shall obtain approval from the 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 Medical Associates, Inc., and shall abide by the provisions of the Bylaws of that organization with respect to all medical practice activities.
  - c. A faculty member is entitled to present and discuss with students in the classroom any matter relating to their own field of academic competence. One should avoid introducing into their teachings those matters which have little or no direct relation to one's own field.
  - d. Any limitations on 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.
  - e. The faculty member, as citizen, is also a member of a learned profession and a member of a national institution. 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. 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, he or she may not use the letterhead of MSM.

3. 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.

### Section 2--Faculty Grievance

A faculty member, who may have a significant unresolved grievance, may take the matter to the dean after he has presented the issue in writing to the appropriate department chairperson and has had a personal discussion with that administrative officer.

If the grievance involves a serious personal difference between a faculty member and a department chairperson, the faculty member may take that issue directly to the dean.

#### Section 4--Due Process

1. No member of the faculty may be censured or dismissed for just cause without due process. Due process means that an individual may not be censured officially nor dismissed from his faculty position for just cause until a specifically defined set of procedures has been followed. Said set of procedures shall be developed and incorporated in the regulations of MSM as an appendix to these Bylaws.
2. The basic principles of a fair and objective hearing shall be incorporated into the due process procedures.
3. The faculty member shall continue to hold faculty appointment and shall receive his salary and other benefits during the period of institutional review. The decision as to whether he shall continue to teach or to use institutional facilities shall be made by the president.

## ARTICLE IX

### ACADEMIC TITLES WITHOUT FACULTY STATUS

Non-faculty academic titles are available to ~~provide~~ ~~reward~~ individuals who provide assistance to the faculty by their contributions to teaching, research, ~~or~~ ~~clinical~~ ~~programs~~ of MSM. They are assigned the titles of research ~~assist~~ ~~ant~~, 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~~ as detailed in the Administrative Handbook.

## ARTICLE X

### AMENDMENTS TO THE BYLAWS

#### Section 1--Procedure

- A. These Bylaws may be amended by introducing at a regular meeting of the APC a motion setting forth the changes desired.
- B. If approved by a simple majority of the AP



ARTICLE XI

ADOPTION OF BYLAWS

- A. The committee on Bylaws shall prepare the Bylaws, and the Bylaws committee shall present them to the APC. After discussion the APC may, by a majority affirmative vote of those present, recommend that they be adopted.

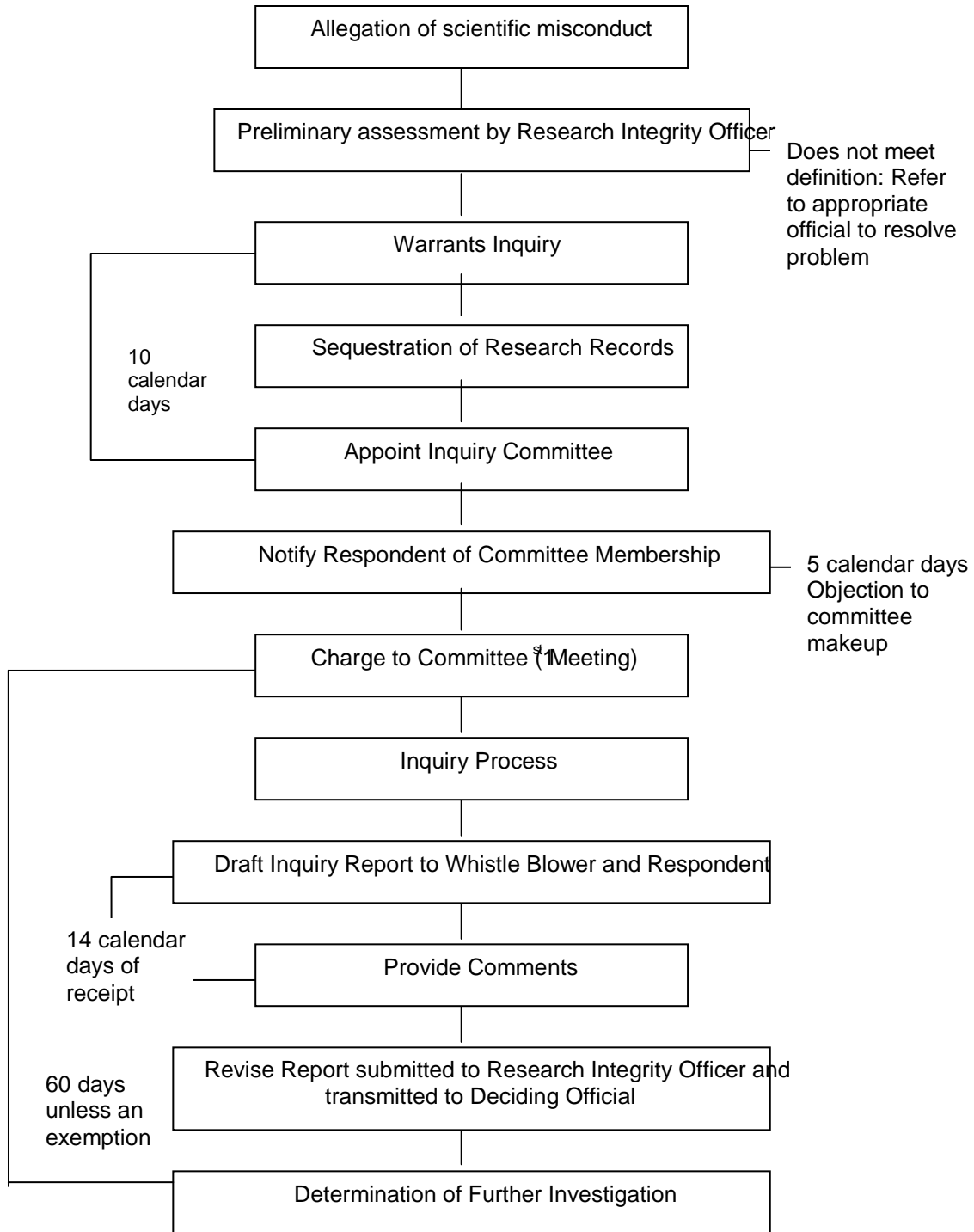
After having made such a recommendation, the matter shall automatically be laid on the table until the next meeting of the APC. During the interval before the next meeting, any member may submit written suggestions for change.

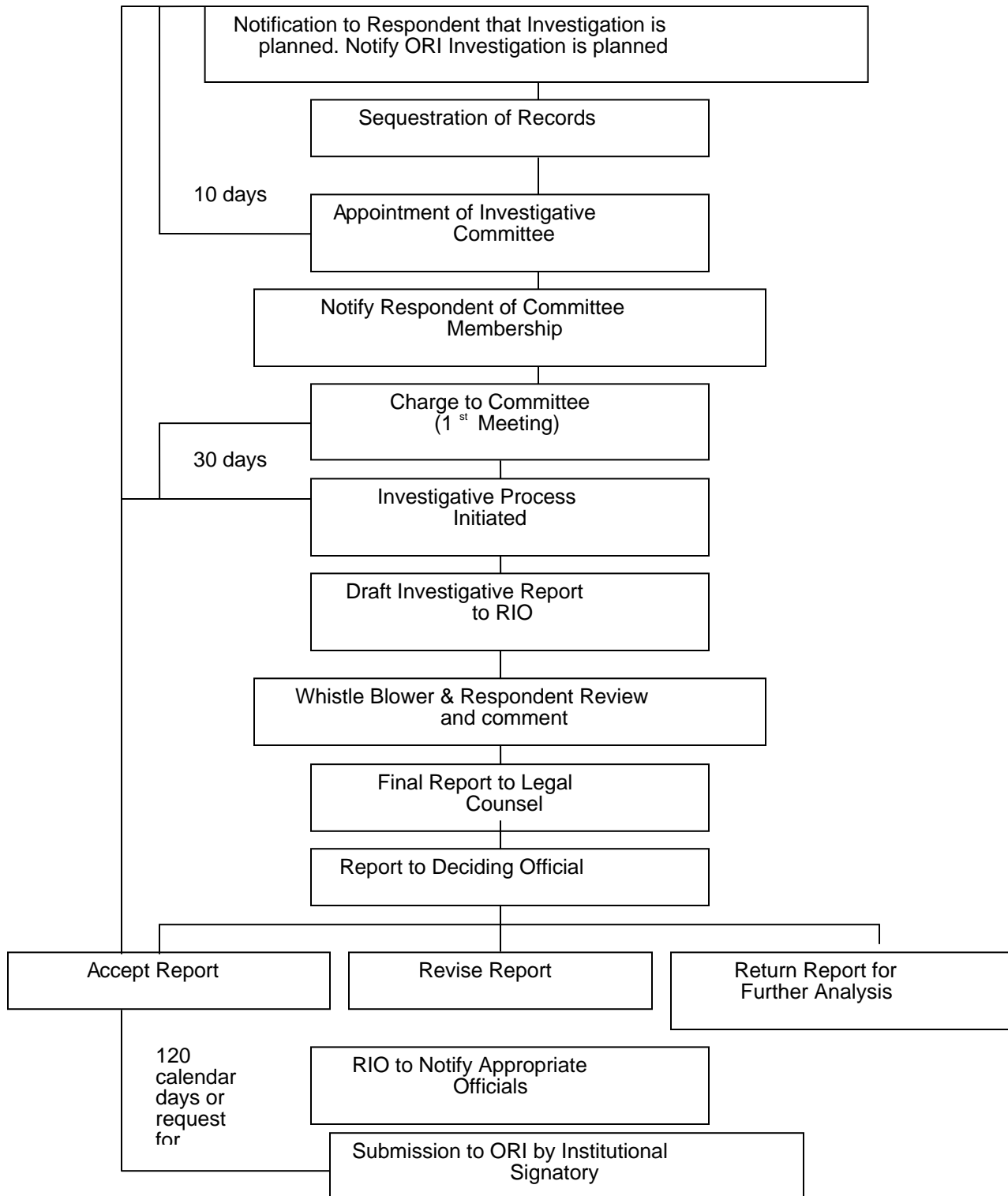
When the matter is taken up at the next meeting the written suggestions shall be considered and acted upon. The APC may then take final action to recommend the Bylaws to the Board of Trustees.

- B. These Bylaws shall become effective and in force when approved by the Board of Trustees of MSM.

Research Integrity Policy for Responding to Allegations of Scientific  
Misconduct

# Procedures for Responding to Allegation of Scientific Misconduct





I. Introduction

A. General Policy

or collaborators at MSM.

The policy and associated procedures will normally be followed when an allegation of possible misconduct in ~~one~~ is received by an institutional official. Particular circumstances in ~~an~~ individual case may dictate variation from the normal procedure deemed in the ~~best~~ interest of MSM and PHS. Any change from normal procedures also must ensure fair treatment to the subject of the inquiry or investigation. Any significant variation should be reviewed in advance by the Vice President and Associate Dean of Sponsored Research Administration of MSM and approved by the dean.

## II. Definitions

- A. Allegations means any written or oral statement or other indication of possible scientific misconduct made to an institutional official.
- B. Conflict of interest means the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.
- C. Deciding Official (Dean and Senior Vice President for Academic Affairs) means the institution official who makes final determinations on allegations of scientific misconduct and any responsive institutional actions.
- D. Good faith allegation means an allegation made with the honest belief that scientific misconduct may have occurred. Allegation is not in good faith if it is made with reckless disregard for or willful ignorance of facts that would disprove the allegation.
- E. Inquiry means gathering information and initial fact-finding to determine whether an allegation or apparent instance of scientific misconduct warrants an investigation.<sup>1</sup>
- F. Institutional Signatory (Vice President of Operations and Planning) means the institutional official who shall notify the Office for Research Integrity of all research integrity-related investigations.
- G. Investigation means the formal examination and evaluation of all relevant facts to determine if misconduct has occurred, and, also, to determine the responsible person and the seriousness of the misconduct.<sup>2</sup>
- H. ORI means the Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the scientific misconduct and research integrity activities of the U.S. Public Health Service.
- I. PHS means the U.S. Public Health Service, an operating component of the DHHS.

- J. PHS regulations mean the Public Health Service regulations establishing standards for institutional inquiries and investigations into allegation of scientific misconduct, which is set forth at 42.C.F.R. part 50, Subpart A, entitled "Responsibility of PHS Awardee and Applicant Institutions for Dealing With and Reporting Possible Misconduct in Science."
- K. PHS support means PHS grants, contracts, cooperative agreements or applications thereof.
- L. Research Integrity Office (Vice President and Associate Dean for Sponsored Research Administration) means the institutional official responsible for assessing allegations of scientific misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations.

### III. Rights and Responsibilities

#### A. Research Integrity Officer

The Vice President and Associate Dean Sponsored Research Administration will serve as the Research Integrity Officer (RIO), who will have primary





The Research Integrity Officer will monitor the treatment of individuals who bring allegations of misconduct or of inadequate institutional response thereto, and those who cooperate in inquiries or investigations. The Research Integrity Officer will ensure that these persons will not be retaliated against in the terms and conditions of their employment or other status at the institution and will receive instances of alleged retaliation for appropriate action.

Employees should immediately report alleged or apparent

## V. Conducting the Inquiry

### A. Initiation and Purpose of the Inquiry

Following the preliminary assessment, if the Research Integrity Officer determines that the allegation provides sufficient information to allow specific follow-up, involves PHS support, and falls under the PHS definition of scientific misconduct, he or she will immediately initiate the inquiry process. In initiating the inquiry, the Research Integrity Officer should identify clearly the original allegation and any related issues that should be evaluated. The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the respondent, whistleblower and key witnesses to determine whether there is sufficient evidence of possible scientific misconduct to warrant an investigation. The purpose of the inquiry is not to reach a final conclusion about whether misconduct definitely occurred or who was responsible. The findings of the inquiry must be set forth in an inquiry report.

### B. Sequestration of the Research Records

After determining that an allegation falls within the definition of misconduct in science and involves PHS funding, the Research Integrity Officer must ensure that all original research records and materials relevant to the allegation are immediately secured. The Research Integrity Officer may consult with ORI for advice and assistance in this regard.

### C.

D. Charge to the Committee and the First Meeting

The Research Integrity Officer will prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment and states that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the respondent,

1. Confidentiality

The Research Integrity Officer may establish reasonable conditions for review to protect the confidentiality of the draft report.

2. Receipt of Comments

Within fourteen (14) calendar days of their receipt of the draft report, the whistleblower and respondent will provide their comments, if any, to the inquiry committee. Any comments that the whistleblower or respondent submits on the draft report will become part of the final inquiry report and record.<sup>9</sup> Based on the comments, the inquiry committee may revise the report as appropriate.

- C. Inquiry Decision and Notification

1. Decisions by Deciding Official

The Research Integrity Officer will transmit the final report and any comments to the Deciding Official, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible scientific misconduct to justify conducting an investigation. The inquiry is completed when the Deciding Official makes the determination, which will be made within sixty (60) calendar days of the first meeting of the inquiry committee. Any extension of the period will be based on good cause and recorded in the inquiry file.

2. Notification

The Research Integrity Officer will notify both the respondent and the whistleblower in writing of the Deciding Official's decision of whether to proceed to an investigation and will remind them of their obligation to cooperate in the event an investigation is opened. The Research Integrity Officer will also notify all appropriate institutional officials of the Deciding Official's decision.

- D. Time Limit for Completing the Inquiry Report

The inquiry committee will normally complete the inquiry and submit its report in writing to the Research Integrity Officer no more than sixty (60) calendar days following its first meeting,<sup>10</sup> unless the Research Integrity Officer approves an extension. The reason for an extension will be entered into the records of the case and the report.<sup>11</sup> The respondent also will be notified of the extension.

- VI. Conducting the Investigation

A. Purpose of the Investigation

If the initial inquiry results in the need for an investigation, the RIO will give written notification of the investigation to the Institutional Signatory. The purpose of the investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged misconduct involved clinical trials potential harm to human subjects of the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation will be set forth in an investigation report.

B. Sequestration of the Research Records

The Research Integrity Officer will immediately sequester any additional pertinent research records that were not previously sequestered during the inquiry. This sequestration should occur before the time the respondent is notified that an investigation has begun. The need for additional sequestration of records may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process not previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

C. Appointment of the Investigation Committee

The Research Integrity Officer, in consultation with other institutional officials as appropriate, will appoint an investigation committee and the committee chair within ten (10) days of the notification to the respondent that an investigation is planned or as soon thereafter as practicable. The investigation committee should consist of at least three individuals who do not have real apparent conflicts of interest in the case, are unbiased, and have necessary expertise to evaluate the evidence and issues related to the allegations, interview the principals and key witnesses, and conduct the investigation.<sup>12</sup> These individuals may be scientists, administrators, subject matter experts, lawyers, or other qualified persons, and



A. Elements of the





the notification should include the name of the person(s) against whom the allegations have been made, the general nature of the allegation as it relates to the PHS definition of scientific misconduct and the PHS applications or grant number(s) involved.<sup>21</sup> ORI must also be notified of the final outcome of the investigation and must be provided with a copy of the investigation report.<sup>22</sup> Any significant variations from the provisions of the institutional policies and procedures should be explained in any reports submitted to ORI.

- B. If an institution plans to terminate an inquiry or investigation for any reason without completing all relevant requirements of the PHS regulation, the Research Integrity Officer will prepare a report of the planned termination, including a description of the reasons for submission to the ORI.<sup>23</sup>
- C. If the institution determines that it will not be able to complete the investigation in 120 days, the Research Integrity Officer will submit to the Institutional Signatory for submission to the ORI a written request for an extension that explains the delay, reports on the progress to date, estimates the date of completion of the report, and describes other necessary steps to be taken. If the request is granted, the Research Integrity Officer will file periodic progress reports via the Institutional Signatory as requested by the ORI.<sup>24</sup>
- D. When PHS funding or applications for funding are involved and an admission of scientific misconduct is made, the Research Integrity Officer will contact ORI for consultation and advice. Normally, the individual making the admission will be asked to sign a statement attesting to the occurrence and extent of misconduct. When the case involves PHS funds, the institution cannot accept an admission of scientific misconduct as a basis for closing a case or undertaking an investigation without prior approval from ORI.<sup>25</sup>
- E. The Institution must notify the ORI at any stage of the inquiry or investigation if:
  - 1. there is an immediate health hazard involved;<sup>26</sup>
  - 2. there is an immediate need to protect the Federal funds or equipment;<sup>27</sup>
  - 3. there is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;<sup>28</sup>
  - 4. it is probable that the alleged incident is going to be reported publicly;<sup>29</sup>
  - 5. the allegation involves a public health sensitive issue, e.g. a clinical trial;<sup>30</sup>
  - 6. there is reasonable indication of possible criminal violation. In this instance, the institution must inform ORI within 24 hours of obtaining that information.





NOTES:

1. 42 C.F.R. 50.102.
2. 42 C.F.R. 50.102.
3. 42 C.F.R. 50.102.
4. 42 C.F.R. 50.103(d) (12).
5. 42 C.F.R. 50.103(d) (13).
6. 42 C.F.R. 50.103(d) (2).
7. 42 C.F.R. 50.103(d) (13).
8. 42 C.F.R. 50.103(d) (3).
9. 42 C.F.R. 50.103(d) (1).
10. 42 C.F.R. 50.103(d) (1).
11. 42 C.F.R. 50.103(d) (1).
12. 42 C.F.R. 50.103(d) (8).
13. 42 C.F.R. 50.103(d) (7).
14. 42 C.F.R. 50.103(d) (7).
15. 42 C.F.R. 50.103(d) (7).
16. 42 C.F.R. 50.103(d) (7).
17. 42 C.F.R. 50.104(a)(4) 42 C.F.R. 50.103(d)(15).
18. 42 C.F.R. 50.104(a)(2).
19. 42 C.F.R. 50.104(a)(2).
20. 42 C.F.R. 50.104(a)(1).
21. 42 C.F.R. 50.104(a)(1).
22. 42 C.F.R. 50.103 (d)(15).
23. 42 C.F.R. 50.104(a)(3).

24. 42 C.F.R. 50.104(a)(5).
25. 42 C.F.R. 50.104(a)(3).
26. 42 C.F.R. 50.104(b)(1).
27. 42 C.F.R. 50.104(b)(2).
28. 42 C.F.R. 50.104(b)(3)
29. 42 C.F.R. 50.104(b)(4).
30. 42 C.F.R. 50.104(b)(5).
31. 42 C.F.R. 50.103(d)(14).
32. 42 C.F.R. 50.103(d)(14).
33. 42 C.F.R. 50.103(d)(11).
34. 42 C.F.R. 50.103(d)(10).

INTERNATIONAL PROGRAM ACTIVITIES

## APPENDIX TO FACULTY BYLAWS

### International Program Activities

1. General Faculty Policy

The School of Medicine, having initiated a program of cooperation with the Agency for



## APPENDIX III



## APPENDIX TO FACULTY BYLAWS

### Due Process Procedure to Govern Hearing for Faculty Prior to Censure or Dismissal for Just Cause

#### Introduction

The Bylaws of the faculty of the Morehouse School of Medicine (the "School of Medicine") provide for the censure or dismissal of a member of the faculty for "just cause." They further provide that no member of the faculty may be censured or dismissed for just cause without "due process" (Article VIII).

The following provisions apply to matters relating to "just cause" but do not apply to procedures regarding "intent not to reappoint" after expiration of a contract. The latter procedures are described in the Faculty Appointment and Promotion Process and policies.

Dismissal may be recommended, depending on the circumstances, by a department chairperson, dean, or the president. The faculty member shall continue to hold faculty appointment and shall receive his or her salary and other benefits throughout the period of institutional review.

If, in the judgment of the dean or president, the continued activity of a faculty member is considered undesirable, he or she may be suspended from duty pending a hearing and a final decision. The decision as to whether he or she shall continue active employment or use institutional facilities shall be made by the dean or president. Such interim suspension is without loss of salary.

The faculty member must be notified in writing of the action and may respond in writing to the person who made the recommendation. Within the School of Medicine, dismissal may be challenged by the faculty member only through these procedures.

In order to begin the dismissal process, the chairperson or dean must send or give a letter to the faculty member, with a copy to the dean, informing the faculty member of his/her intention to

recommend dismissal or censure. The letter of intent must contain a reasonable statement of the problem at issue and, where applicable, efforts made to resolve the problem.

Upon receipt of such letter, the dean shall initiate the formal process. Both the Accused and the School of Medicine shall substantially comply with the process and procedures described herein.

### Charges

- A. A faculty member must be notified in writing by the dean of the School of Medicine (the AD<sup>1</sup>Dean) if he or she is charged with one or more of the following "just causes" for censure or dismissal:
1. Professional incompetence;
  2. Neglect of duty;
  3. Misconduct in teaching or in the conduct of research; This item shall be interpreted to include, but not be limited to, the present and then current definition of charges of misconduct in research as stated by the United States Public Health Service which presently defines "misconduct" as (1) serious deviation from accepted practices such as fabrication, fals

or School of Medicine procedures in which the participants are promised confidentiality.

- B. The written notification (the "Notice") must include:
1. A reasonably specific description of the violation;
  2. A description of the evidence supporting the charge;
  3. The name(s) of the person or persons providing the evidence;
  4. Notice that the faculty member charged ("the Accused") has the right to a hearing. The Accused may exercise such right by sending a written notice stating the desire for a formal hearing (the "Request for Hearing Notice") to the Dean, within ten (10) working days of receipt by the Accused of the Notice.
  5. Notice that dismissal will be recommended to the president by the Dean (to become effective thirty (30) calendar days following the date of notice) unless the right to a hearing is exercised.

### Right to Hearing

Upon receipt of a Request for Hearing Notice, the Dean, or his or her designee shall:

- A. Consult with the Accused and the Dean to set a date for the hearing. The date should provide the Accused sufficient time to prepare defense but, unless otherwise agreed by the Dean and the Accused, shall not be later than sixty (60) calendar days from the date the Notice was sent to the Accused.
- B. Provide the Academic Policy Council with the names of ten (10) faculty members from which the Academic Policy Council shall appoint an ad hoc faculty committee (the "Ad Hoc Committee") to conduct the hearing and to render a written recommendation. The Ad Hoc Committee shall have no fewer than three or more than five faculty members. None of the faculty members shall have an administrative working relationship with, or be from the same department as, the Accused. A faculty member, in his or her sole discretion, determines he or she has a conflict of interest which would hamper his or her ability to be fair to the Accused or the School of Medicine, the faculty member shall not

be required to serve on the Ad Hoc Committee. The Ad Hoc Committee make-up is not subject to challenge.

- C. Provide the Accused and the Dean with the names of the members of the Ad Hoc 43-Committee.
- D. Advise the Accused of his or her right to:
  - 1. be present at the hearing;
  - 2. Present a defense;
  - 3. Be assisted in his or her defense by a member of the faculty of his or her own choosing (the "Assisting Faculty Member");
  - 4. Call witnesses;
  - 5. Rebut evidence;
  - 6. Question adverse witnesses.
- E. Further advise the Accused that the hearing



release copies of the electronic recording to members of the Ad Hoc Committee, the Dean or the Accused. Subsequent to the completion of the hearing, the Accused, or Dean may obtain a transcript of the hearing, but not of the deliberation of the hearing; the party requesting the transcript will be solely responsible for the expense of the transcript.

- B. Rules of evidence that would be applicable in a courtroom are not applicable to the hearing.
- C. The Dean may make an opening statement as may the Accused. The Dean shall present the charges and documentary evidence on behalf of the School of Medicine. The Dean may ask an associate dean; a department chair or another designee, to serve as his or her alternate. The chairperson of the Ad Hoc Committee shall set the order of the presentation of evidence and, upon notifying parties, may exclude irrelevant or unduly repetitious evidence or argument and at all times shall have final authority to conduct the hearing. Each party shall have the right to confront and



F. The chairperson of the Ad Hoc Committee shall declare the hearing closed.

The Decision

The Ad Hoc Committee shall deliberate to reach its findings. The Ad Hoc Committee shall

C. If the Ad Hoc Committee finds that there is just cause for dismissal, the Dean shall recommend to the president that the Accused be dismissed, the dismissal to become effective ten (10) working days after the date on which the Ad Hoc Committee provides the Opinion to the Accused, unless the Accused exercises his or her right to appeal as set forth below.

#### Right to Appeal

The Accused may appeal the Ad Hoc Committee's finding that there is just cause for censure or for dismissal by notifying the Dean writing, of his or her election to appeal such finding (the "Notice of Appeal"). The Notice of Appeal must be received by the Dean within ten (10) working days of the date on which the Ad Hoc Committee provides the Opinion to the Accused.

4. All other documents relating to the hearing and to the decision of the Board of Trustees shall be placed in a sealed file to be opened only with the joint consent of the Dean and the Accused unless the Accused shall again be charged and again request a faculty hearing. Under such circumstances, the new Ad Hoc Committee shall have access to and may consider the full file.
- 
- B. If the decision is made by the Board of Trustees to uphold the Ad Hoc Committee's finding of just cause for censure, the Board of Trustees' decision and the Opinion shall become a permanent part of the Accused's faculty file.
  - C. If the decision is made by the Board of Trustees to uphold the Ad Hoc Committee's finding of just cause for dismissal, the Dean shall recommend

APPENDIX IV

INSTITUTIONAL POLICY ON FACULTY SABBATICAL LEAVE

## APPENDIX TO FACULTY BYLAWS

### Institutional Policy on Faculty Sabbatical Leave

#### I. Purpose

The purpose of the sabbatical leave is to provide opportunity for faculty members to engage in scholarly, creative, professional, research or other academic activities that will enhance the

- b. Paid leaves of absence in excess of twelve (12) consecutive weeks (e.g., sick leave, long-term disability leave) do not count as qualifying se



## VII. Report of Work Accomplished

Within three months of the conclusion of the sabbatical leave, the recipient must submit a report of the work accomplished to the department chair and a copy submitted to the Dean. The report should succinctly summarize pertinent activities during the leave and indicate how the leave has enriched the individual's professional stature as it relates to departmental and institutional goals.



APPENDIX V

PROCEDURE TO BE USED WHEN A FACULTY MEMBER HAS AN UNRESOLVED  
GRIEVANCE

## APPENDIX TO FACULTY BYLAWS

### Procedure to be used when a Faculty Member has an Unresolved Grievance

#### Introduction

The bylaws describe the initial process to be used when a faculty member has an unresolved grievance which cannot be settled at the level of the department chairperson. In order to begin the process that eventually leads to a formal grievance hearing before a group of faculty peers, the faculty member must first file a letter of intent with a copy to the dean, informing the chair of his or her intention to initiate the grievance process. The letter of intent must state the problem at issue, the error believed to have occurred and efforts made to resolve the conflict. To be timely, the letter of intent must be filed no later than thirty (30) calendar days from the date the action alleged to be an institutional error was communicated to the grievant. The faculty member is first to present the issue in writing to the chairperson and to have a personal discussion with him/her. If the issue remains unresolved after this stage, the faculty member may take the issue to the dean. If the grievance involves a serious personal difference with the chairperson, the faculty member may take the issue directly to the dean. A Chairperson shall initiate the process by discussing it with the dean. A chairperson who has a grievance which involves a personal difference with the dean shall take the matter to the executive

grievance process for changes in such administrative duties; however, changes in their faculty appointments are covered by this policy.

### Hearing Procedure

Within one week of announcement by the dean of a faculty member that the grievance is to be handled formally, the faculty member shall present a formal written statement of the grievance to the dean which states the particular concerns and the evidence on which the concerns are based. The formal statement of grievance shall specifically state the problem or issue, the error believed to have occurred, the reasons for believing so, and the relief to which the faculty member claims to be entitled. The written statement shall contain any factual or other data the faculty member deems pertinent to his or her case. All further discussions in the grievance process will relate to this statement. Amendments to this statement may only be made with the permission of a simple majority of the grievance hearing committee.

In preparing the statement of grievance, the faculty member may find it useful to consult such sources as the follow:

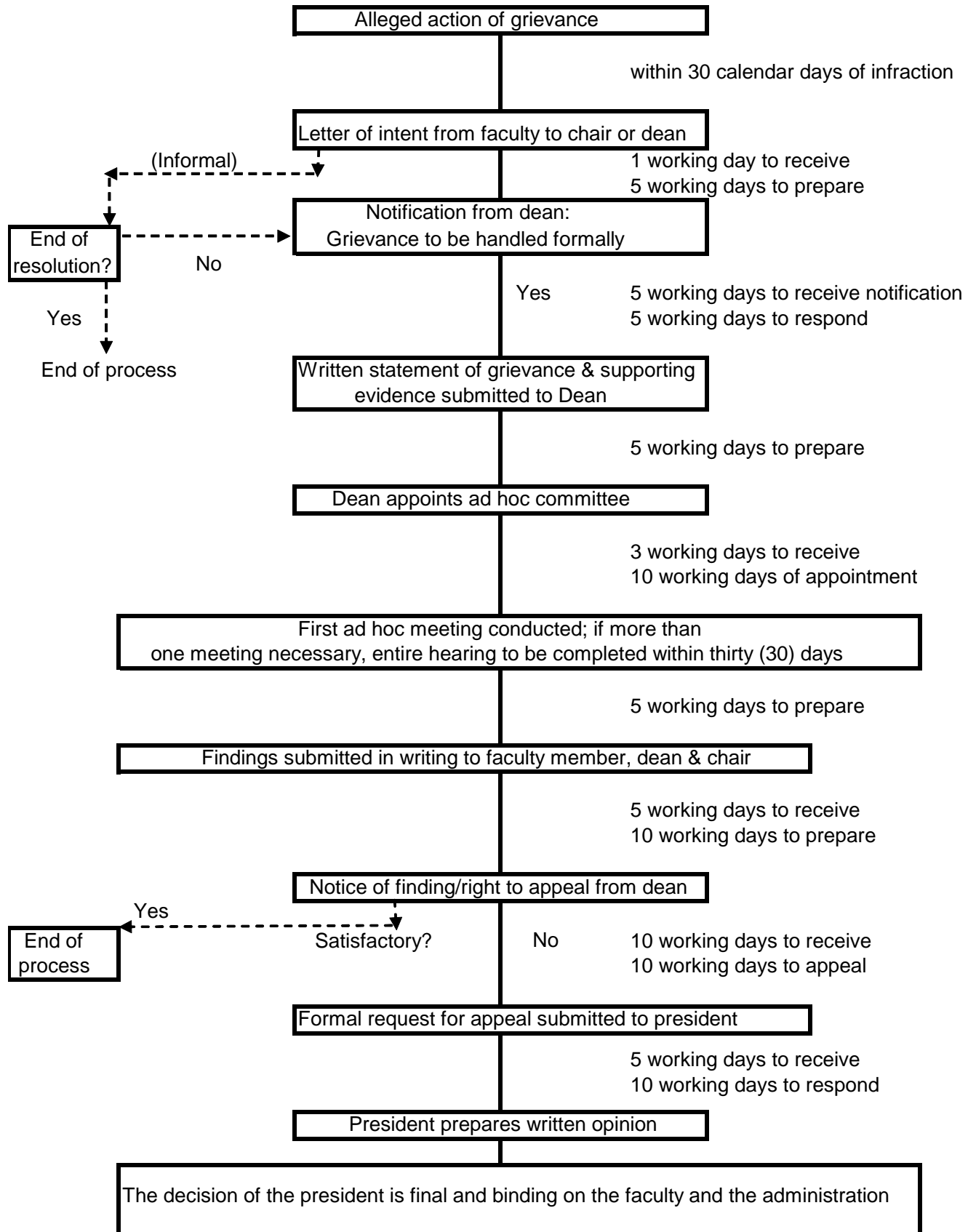
### Findings, Recommendations and Decision

At the conclusion of the hearing, the ad hoc hearing committee shall deliberate privately to reach its findings. As promptly as is consistent with due deliberation, and normally within five (5) working days, the ad hoc hearing committee shall submit its findings in writing to the dean with a copy to the faculty member and the department chairperson. The findings of fact and the decision shall be based solely on evidence in the hearing record and shall be directed to the grounds for grievance as defined in the document. The findings shall summarize the evidence.

Within two weeks of the receipt of the written report of the findings of fact by the ad hoc hearing committee, the dean shall issue a written report to the faculty member with copies to the chairperson of the department and the president.

If the faculty member regards the decision of the ad hoc hearing committee as unsatisfactory the faculty member may present a written appeal to the president with a copy to the dean. The president shall within two weeks of the receipt of the written appeal render a final written decision to the faculty member with copies to the dean and the department chairperson. The decision rendered by the president will be final and binding. The ad hoc hearing committee shall be fact finding and its findings shall be advisory only and shall not be binding on the parties or the President. However, if the president decides to reject all or part of the findings of the ad hoc committee, the president shall state in writing, as part of his or her decision, reasons for rejecting all or part of the findings and for rendering a different decision. The president's decision shall be made known in writing to the Board of Trustees with notification to the faculty member, department chairperson, and the chairperson of the ad hoc hearing committee.

# GRIEVANCE PROCESS





## APPENDIX TO FACULTY BYLAWS

### Policy Statement on Faculty/Industry Research Relations

#### Introduction

Universities and Health Science Center have established successful cooperative relationships with industry which have been mutually beneficial and which have been helpful to the general society. These relationships have fostered an increase in knowledge, an increase in Sabbatical opportunities and the economically productive application of technology.

Morehouse School of Medicine believes that it has much to contribute to and gain from appropriate relationships with private enterprise and that these relationships can be developed in a manner which preserves the School's important academic and research principles and traditions.

In order to clarify such principles and traditions, the School wishes to clearly state the policies which the faculty have determined should govern the School's relationships with industry.

The purpose of this statement of policies by the School is to foster those health and creative partnerships with the free enterprise sector of society which contributes new knowledge while maintaining the integrity of the School, its faculty and its students.

## Statement of Policies

### Nature of the Research Affiliation

Other academic institutions have experienced situations where it would be useful to have an investigator conduct a given research program for a sponsor and, in the absence of clear policy, have had to deal with pressures felt by investigators to conduct such research. The Task Force has felt it important to articulate a policy which will preserve the right of investigators to select the research in which they will be involved.

### Policy No. 1

The Morehouse School of Medicine shall not require a principal investigator to participate in a particular research program as a condition of employment.

It is important for there to be close and open communication between sponsors and principal investigators during all phases of research and sponsors must, of course, have the privilege to define the nature of the projects they intend to support. Principal investigators expect to be able to design, modify and control the research which they will direct.

### Policy No. 2

Whereas a sponsor must have the privilege to define the subject of research it wishes to fund, the Principal Investigator must have final authority over the design and control of that research.

Universities which have established legally free standing research institutes in cooperation with sponsors wherein faculty may serve as staff have advised the Medical School to express a policy which preserves the academic freedom of such faculty.

### Policy No. 3

Before the Medical School decides to enter into an agreement to participate in a free standing research unit, the dean shall request the Research Development Committee to advise him/her on whether there is risk of restriction to academic freedom of faculty which is unacceptable.



Policy No. 4

In cases where a given sponsor may wish to restrict an investigator's freedom to conduct similar



organization which requires frequent and/or prolonged absence from the Medical School may present a conflict of interest.

Examples of situations which may create a conflict of interest or commitment include ownership by a faculty member or his/her immediate family (spouse and minor children) of a significant interest in an outside concern or management responsibilities.

Policy No. 10

Faculty members shall avoid entering into relationships which constitute a conflict of interest or

PATENT POLICY

Confidentiality Agreement and Invention Disclosure Forms

## APPENDIX TO FACULTY BYLAWS

### Patent Policy

#### PURPOSE

To establish Morehouse School of Medicine (MSM) policy for patenting any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereon made by

## POLICY

### A. Requirements:

- 1.





- y Complete Invention Disclosure form and return to ORD.
  - y ORD will forward the Invention Disclosure form to the Intellectual Property Committee for review. The review process takes 30 days.
  - y If the committee does not have proper representation for your research an ad hoc MSM employee will be brought in for the review.
  - y Once the committee reviews the form, they will make a decision as to whether the disclosure should be sent forth to the President based on its potential or returned to the faculty with reviewer's comments.
  - y Requester will be notified of the decision.
2. Disclosures should be made as early as possible in the development of an invention.
  3. When any question exists as to whether the invention is covered by this policy, the invention must be disclosed through the usual disclosure mechanism described above, with a request for a determination of whether the invention is covered. In cases where an inventor seeks to establish that an invention is not covered by this policy, the burden of proof shall be with the inventor.
  4. An Invention Disclosure Form must be submitted prior to any negotiations by any inventor with outside companies with regard to further support or licensing of the invention. Disclosure shall be made even if the inventor seeks additional support to complete the invention or enter into a collaborative arrangement to complete the invention. This is imperative in order to ensure confidentiality of the potential invention.
  5. A Confidentiality Agreement (Exhibit II) must be completed and submitted to the Office for Research Development when the applicant/inventor needs their invention evaluated for commercial purposes or to gather expertise about the proposed invention from an external expert. The confidentiality agreement protects the rights of the inventor.

## B. Patent Protocol

1. Once the invention disclosure has been made to the Office for Research Development, the Office for Research Development shall promptly submit the disclosure to the Intellectual Property Committee for review. When a disclosure containing sufficient technical information to permit an effective patent study has been made, the Office for Research Development shall notify the inventor in writing, within 30 calendar days for a provisional patent and 60 calendar days for full patents, of MSM's intentions with regard to the invention.
2. Options Available to the Institution
  - 2.1 MSM may, after consultation with the inventor:
    - a. undertake the timely filing of patent prosecution, development, and marketing of the invention and shall bear all related costs. Any income to be distributed shall be gross income received, less



- I) Invention Disclosure Form
- II) Confidentiality Agreement

Exhibit I

MSM ID No. \_\_\_\_ - \_\_\_\_\_

CONFIDENTIAL

MOREHOUSE SCHOOL OF MEDICINE

INVENTION DISCLOSURE

Please provide as much information as possible on this form. Attempt to answer all of the questions and be as accurate as you can be, providing as much information as you can to answer the question. If you need more space, use separate pages and attach them to this form. Please feel free to use photocopies of lab notebooks (showing dates), data sheets, drawings or any other rough document(s). If you have questions, please contact the MSM Office of Research Development at 404-752-1050.

Title of Invention

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2. Investigator to whom communications should be addressed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

DESCRIPTION OF THE INVENTION

3. Describe the characteristics/specifications of the invention

- a. Please give a complete technical description of the invention and its advantages over what was known previously. If necessary, use drawings, diagrams, pathways, etc.
- b. What is the technology that presently exists in the area of this invention? What are the advantages of this technology over existing inventions and practices?
- c. What need does this invention meet and is that need presently being met?

- d. What additional embodiments, variations, or applications can you reasonably envision for this invention?

Signature \_\_\_\_\_

Address \_\_\_\_\_

13. Please list other researchers or organizations of whom/which you are aware might be doing similar work. Cite published references where possible.
14. Provide references to reviews, publications and other literature or public disclosures of this work or any related work of which you are aware.
15. Who would use this product and how would it be used?
16. Please name any competitive products and manufacturers of which you are aware, even though their products are not as good as your invention.
17. List names, addresses, and phone numbers of corporations or individuals you would like to have contacted and who might be interested in licensing this technology.
18. What are your personal goals regarding the development and

Effective \_\_\_\_\_, 20\_\_\_\_ (the "Effective Date," "Corporation Name" and Morehouse School of Medicine agree as follows:

1. Confidential Information means: (a) any information in written or tangible form of



5.

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

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

List of Definitions

CORPORATION NAME	CORPORATION NAME, TYPE: PROFIT OR NON PROFIT, ADDRESS
MOREHOUSE SCHOOL OF MEDICINE	A private, non-profit academic institution, 720 Westview Drive, S.W. Atlanta, Georgia 30310
EVALUATION PERIOD	Evaluation Period means the period expiring on the date six months after the date "Corporation Name" receives the Confidential Information from Morehouse School of Medicine.
CONFIDENTIAL INFORMATION	Confidential Information pertains to <u>Inventions disclosed to (CORPORATION NAME) from time to time after the Effective Date of This Agreement by the disclosing party and identifies with particularity at time of disclosure.</u>

INTELLECTUAL PROPERTY: COPYRIGHTS AND ROYALTIES  
MATERIAL TRANSFER AGREEMENT



## APPLICABILITY

This policy applies to all faculty, staff, postdoctoral fellows, residents, students and any other person employed by the School.

## DEFINITIONS

1. The following terms are important for purposes of expressing the School's policy on Intellectual Property: Copyrights and Royalties.
  - a. "Creator": Individual or group of individuals who transforms ideas into a tangible form of expression thereby creating Copyrightable Material.
  - b. "Copyrightable Material": Material that is subject to U.S. copyright laws, including, but not limited to, literary works, musical works, dramatic works, choreographic works, graphic works, photographic works, cartographic, radiographic and pictorial works (e.g., -rays, images), sculptural works, audiovisual and videotaped works, sound recordings, films, theses, and works in electronic media (e.g., digitized works and network transmission of digitized works, multimedia broadcast, web-based products, recorded materials, remote transmission of information, instructional software, CD-ROMs).
  - c. "Derivative Works": Copyrightable Material based on or derived from one or more already existing copyrighted works. Derivative Works include, but are not limited to, new versions, translations, dramatizations, fictionalizations, reproductions, compilations, revisions and condensations.
  - d. "Instructional Materials": A type of "Institutional Work," including textbooks and study guides, used for the instruction of MSM students, residents and/or postdoctoral fellows.
  - e. "Institutional Resources": Tangible resources provided by the Institution to a Creator, including funds, office space, lab space, equipment, electronic network resources (hardware and software), support personnel, secretarial support, research, teaching and lab assistants, assistance from medical and graduate students or residents, medical specialists or illustrators, supplies, utilities. Funds include grants and awards or awards made to the Institution by an extramural sponsor.
  - f. "Institutional Works": Copyrightable Material created (1) specifically or predominantly for use by or at MSM, or (2) at the request or behalf of MSM, or (3) under the specific direction of MSM, or (4) by a person acting within the scope of his or her employment at MSM, or (5) under a written contract between the Creator and MSM, (6) under a contract between MSM

and an external agency. "Traditional Works of Scholarship" will not be considered "Institutional Works" for the purposes of this policy.

- g. "Other Intellectual Property": Any Copyrightable Material other than Traditional Works of Scholarship, Institutional Works, and Instructional Materials.
- h. "Traditional Works of Scholarship": Copyrightable Material reflecting research and/or creativity which is considered evidence of accomplishment in the Creator's academic discipline or professional field, and is specifically created for predominate use by persons or entities other than MSM and/or its students. Such works include, but are not limited to, books, book chapters, journal articles, abstracts, student theses, poems, pictorial and sculptural works, films, cassettes, musical compositions and other literary works.

## POLICY

### 1. Copyright Ownership

The terms of a sponsored research or other agreement may determine the ownership of all copyrightable material that a person creates in the course of or pursuant to such an agreement. If the agreement does not contain terms relating to the ownership of copyrightable material, the following provisions of this policy will govern ownership of the material.

- a. Only a commissioned project shall be a "work made for hire", and accordingly, the School shall own all copyrightable material which a person creates as a commissioned project. If a question arises as to whether a person created copyrightable material pursuant to a commissioned project, the Intellectual Property Committee, after investigation into the appropriate facts shall formulate a recommendation for consideration by the president. In cases of a commissioned project, the Creator of the copyrightable materials shall execute an assignment of rights to the School in any copyright registration that may be obtained.
- b. The Creator of all other copyrightable material not governed by the preceding paragraphs shall own such material notwithstanding any empl

- b. The Creator shall promptly file a copyright disclosure form (Exhibit A) with the Office for Research Development for any (i) School Research, (ii) Instructional Materials and (iii) Other Intellectual Property created with the use of School resources.
- c. The School may release its ownership rights to the Creator when, as determined by the Intellectual Property Committee and Legal (i) there are no overriding special

50% to the Office of the Dean; which shall be distributed at the discretion of the Dean to support research and teaching infrastructure; and 50% to the Office for Research Development to help defray the cost of administering Intellectual Property-related activities.

- ii. 90% of the accumulated gross royalties and/or milestones to the Creators.
- b. In determining net revenue, the School shall deduct from gross royalty milestones or other revenue, documented expenses such as production costs, subventions, and litigation which may be incurred in enforcing or defending the copyright or in the licensing of the copyrightable material.
- c. The School will credit to the Creator prior to income distribution, any documented non-reimbursed expenses incurred in the course of developing the copyrighted material.





1.03 "EFFECTIVE DATE" shall mean the date this Agreement is last executed by a signatory hereto.

## ARTICLE II - SUPPLY OF MATERIALS AND OBLIGATIONS OF INSTITUTION

2.01 Supply of Materials. Upon execution of this Agreement, Morehouse School of Medicine shall supply to COMPANY/INSTITUTION a reasonable quantity of BIOLOGICAL MATERIALS, which shall be delivered to COMPANY/INSTITUTION according to federal and/or state shipping guidelines as prescribed for such BIOLOGICAL MATERIALS.

2.02 Obligations of COMPANY/INSTITUTION. COMPANY/INSTITUTION agrees that its use of BIOLOGICAL MATERIALS shall be subject to the following terms and conditions:

- a. Safety. COMPANY/INSTITUTION agrees to use the BIOLOGICAL MATERIALS in a safe manner and in compliance with applicable laws and regulations, including National Institutes of Health (NIH) guidelines. BIOLOGICAL MATERIALS shall not be used in humans in any way, including for purposes of diagnostic testing.
- b. Storage. Upon COMPANY/INSTITUTION'S receipt of supply of BIOLOGICAL MATERIALS as provided for in paragraph 2.01 hereinabove, BIOLOGICAL MATERIALS shall be stored under DENE PROPER CONDITIONS until use by COMPANY/INSTITUTION.
- c. Integrity of Materials. COMPANY/INSTITUTION agrees not to analyze, or have analyzed the composition or formulation of the BIOLOGICAL MATERIALS received hereunder.
- d. COMPANY/INSTITUTION Use. BIOLOGICAL MATERIALS shall be used only at COMPANY/INSTITUTION's facilities for the research purposes described in Attachment A, hereby attached and made part of this Agreement. No option or commercial license is implied or granted to COMPANY/INSTITUTION herein.
- e. No Transfer. COMPANY/INSTITUTION shall not transfer or provide BIOLOGICAL MATERIALS or KNOW-HOW or any portion thereof to any other organization or individual without the prior written consent of Morehouse School Of Medicine. Furthermore, COMPANY/INSTITUTION acknowledges that the BIOLOGICAL MATERIALS and KNOW-HOW are the valuable and proprietary properties of Morehouse School Of Medicine; COMPANY/INSTITUTION shall to the best of its ability utilize the BIOLOGICAL MATERIALS and KNOW-HOW in a manner that serves to protect the Morehouse School Of Medicine's proprietary interests.
- f. Confidentiality. COMPANY/INSTITUTION agrees to maintain the confidentiality of any KNOW-HOW transferred to COMPANY/INSTITUTION with BIOLOGICAL MATERIALS.
- g. Publications. COMPANY/INSTITUTION agrees to notify Morehouse School Of Medicine of any presentation or publication that results from use of BIOLOGICAL MATERIALS. COMPANY/INSTITUTION shall state in the presentation or publication that BIOLOGICAL MATERIALS were supplied by NAME OF FACULTY

### ARTICLE III - CONSIDERATION

- 3.01 Transfer Fee. COMPANY/INSTITUTION shall pay the packing and shipping costs associated with the transfer of BIOLOGICAL MATERIALS to COMPANY/INSTITUTION from Morehouse School Of Medicine, not to exceed ~~one hundred dollars (\$100)~~ without the prior written consent of COMPANY/INSTITUTION.

### ARTICLE IV - TERMINATION

- 4.01 Expiration. This Agreement, unless sooner terminated as provided herein, shall remain in effect for a period of five (5) years from the EFFECTIVE DATE.
- 4.02 Termination by COMPANY/INSTITUTION. COMPANY/INSTITUTION may terminate this Agreement at any time by providing written notice to Morehouse School Of Medicine at least sixty (60) days before the termination is to take effect.
- 4.03 Termination by Morehouse School Of Medicine. Should COMPANY/INSTITUTION materially breach this Agreement, Morehouse School Of Medicine may give COMPANY/INSTITUTION written notice of the breach. COMPANY/INSTITUTION shall have thirty (30) days from receipt of the notice to cure the breach. If COMPANY/INSTITUTION does not cure the breach within this period, Morehouse School Of Medicine may terminate this Agreement by giving written notice of its election to do so.
- 4.04 COMPANY/INSTITUTION's Financial Condition. If COMPANY/INSTITUTION: (a) ceases to carry on its business, (b) becomes "insolvent" (such term is defined in the United States Bankruptcy Code, as amended from time to time), (c) fails to pay its debts in the ordinary course of business under conditions indicating insolvency, (d) voluntarily seeks, consents to or acquiesces in the benefits of any bankruptcy or similar debtor-relief laws, then Morehouse School Of Medicine may terminate this Agreement without prejudice to any other remedy to which COMPANY/INSTITUTION may be entitled at law or in equity or elsewhere under this Agreement, by giving written notice of termination to COMPANY/INSTITUTION.
- 4.05 Disposal of Biological Materials. Should this Agreement expire or be terminated under paragraphs 4.01, 4.02, 4.03 or 4.04 above, COMPANY/INSTITUTION agrees to immediately discontinue its use of BIOLOGICAL MATERIALS and destroy or return, at Morehouse School Of Medicine's request, all quantities of BIOLOGICAL MATERIALS and derivatives there from in COMPANY/INSTITUTION'S possession.
- 4.06 Other Matters Surviving Termination. All accrued obligations and claims, including claims or causes of action for breach of this Agreement, shall survive termination of this Agreement. Obligations of confidentiality shall survive termination of this Agreement. This section controls in the case of a conflict with any other section of this Agreement.

### ARTICLE V - LIABILITY AND REPRESENTATIONS

- 5.01 Infringement Indemnification. COMPANY/INSTITUTION shall at all times during the term of this Agreement and thereafter, indemnify, defend and hold harmless, Morehouse School Of Medicine, its regents, officers, employees, affiliates, against any claim, proceeding, demand, liability, or expense (including legal expenses and reasonable attorney's fees) which relates to any action brought by a third party alleging infringement of a domestic or foreign patent or trademark as a result of the activities of COMPANY/INSTITUTION hereunder.

- 5.02 Liability Indemnification. COMPANY/INSTITUTION shall at all times during the term of this Agreement and thereafter, indemnify, defend and hold harmless Morehouse School Of Medicine, its regents, officers, employees, and affiliates against any claim, proceeding, demand, liability, or expenses (including legal expenses and reasonable attorney's fees) which relates to injury to persons or property or against any other claim, proceeding, demand, expense and liability of any kind whatsoever resulting from the use of BIOLOGICAL MATERIALS by COMPANY/INSTITUTION, or arising from an obligation of COMPANY/INSTITUTION hereunder.
- 5.03 In no event shall either party be liable to the other for exemplary, incidental, indirect, special or consequential damages of any kind, including without limitation, loss of profit, savings or revenue, whether or not such party has been advised of the possibility of such damages, however caused, and on any theory of liability arising out of this Agreement.
- 5.04 Representation. Morehouse School Of Medicine represents that it owns and has title to the BIOLOGICAL MATERIALS and KNOW-HOW, and that there are no outstanding agreements, assignments, or encumbrances inconsistent with the provisions of this Agreement. MOREHOUSE SCHOOL OF MEDICINE MAKES NO OTHER REPRESENTATIONS AND EXTENDS NO OTHER WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, NOR DOES MOREHOUSE SCHOOL OF MEDICINE ASSUME ANY OBLIGATIONS WITH RESPECT TO INFRINGEMENT OF INTELLECTUAL PROPERTY RIGHTS OR OTHER RIGHTS OF THIRD PARTIES DUE TO COMPANY/INSTITUTION'S ACTIVITIES UNDER THIS AGREEMENT.
- 5.05 Nature of the Materials. All BIOLOGICAL MATERIALS provided hereunder should be considered experimental in nature and should be handled by COMPANY/INSTITUTION with

Morehouse School Of Medicine  
720 Westview Drive, SW  
Atlanta, GA 30310-1495

b. If to COMPANY/INSTITUTION:

NAME

IN WITNESS WHEREOF, the parties have caused this Agreement to become effective as of the date last executed below by a signatory to this Agreement.

MOREHOUSE SCHOOL OF  
MEDICINE, INC.

COMPANY/  
INSTITUTION

\_\_\_\_\_  
Sandra Harris-Hooker, Ph.D.  
Associate Dean for Research  
Development  
Date:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NAME  
TITLE  
Date:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Provider) Scientist  
Date:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
COMPANY/INSTITUTION (Recipient)  
Scientist  
Date:  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENT A

The DEFINITION OF MATERIALS provided by Morehouse School Of Medicine, will be utilized for DETAILS OF USAGE GIVEN BY INVESTIGATOR.

INVOLVEMENT OF FACULTY IN NEW POLICIES



## APPENDIX TO FACULTY BYLAWS

### Involvement of the Faculty in New Policies

#### Introduction

It is important for the faculty to have input into the generation of new policies that are adopted by the Academic Policy Council (APC). The institution has grown to a stage where a formal process is appropriate.

The purpose of this document is to set forth the procedures to implement such a formal process that notifies faculty in advance of proposals for new policies that are within the jurisdiction of the APC, and that provides sufficient time for faculty to comment on the proposals.

#### Procedure

When a new policy that is within the jurisdiction of the APC is to be presented for adoption to the Academic Policy Council, it shall be delivered to all members and staff in the form of a proposal at least 20

POLICY FOR INTEGRITY AND THE RESPONSIBLE CONDUCT OF SCHOLARSHIP  
AND RESEARCH: GUIDELINES TO ENCOURAGE RESPONSIBLE RESEARCH  
PRACTICES

## APPENDIX TO FACULTY BYLAWS

Policy for Integrity and the Responsible Conduct of Scholarship and Research: Guidelines to Encourage Responsible Research Practices.

### Introduction

The community of scientists is bound by a set of values, traditions, and standards that embody honesty, integrity, objectivity, and legality. The diversity, flexibility, and creativity of the research community are strengths that have contributed to decades of scientific achievement and progress in the United States.

For centuries scientists have relied on each other and the self-correcting mechanisms intrinsic to the nature of science and on the traditions of their community to safeguard the integrity of the research process. Recent and dramatic increases in the size and influence of the research enterprise, and in the amount and patterns of funding, have led to changing social expectations about the accountability of scientists and the conditions for research supported by public funds.

In addition, the changing nature of collaborative efforts, the quickening pace and increasing results have



Actions that violate traditional values of the research enterprise and that may be detrimental to the research process.

These do not directly damage the integrity of the research process, however, they can erode confidence in the integrity of the research process, violate traditions associated with science, affect scientific conclusions, waste time and resources, and weaken the education of new scientists.

Questionable research practices include:

Failing to retain significant research data for a reasonable period

Maintaining inadequate research records

Conferring authorship for a contribution that is not significantly related to the research reported in the paper

Refusing to give peers reasonable access to unique material or data

Using inappropriate statistical analysis to enhance the significance of research findings

Inadequately supervising research subordinates

3. Other Misconduct

These practices include behavior which is clearly not unique to the conduct of science, i.e. sexual and other forms of harassment of individuals, misuse of funds, vandalism, including tampering with research experiments or instrumentation, and violations of government research regulations, such as those dealing with radioactive materials, recombinant DNA research, and the use of human or animal subjects.

Recommendations

As science becomes more closely linked to economic and political objectives, the processes by which scientists formulate and adhere to responsible research practices will be the subject of increasing public scrutiny. Scientists and research institutions should be urged to clarify and strengthen the methods by which they foster responsible research practices. Ensuring the integrity of the

research process requires that scientists and research institutions give systematic attention to the fundamental values, principles, and traditions that foster responsible research conduct. All who participate in the research enterprise share responsibility for the integrity of the research process. The following recommendations are aimed at strengthening the research enterprise, as well as clarifying the nature of the responsibilities of scientists, research institutions, and government agencies in this area.

1. Scientists in cooperation with officials of research institutions should accept formal responsibility for ensuring the integrity of the research process. They should foster an environment, a reward system (i.e. evaluation and promotion), and a training process that encourages responsible research practices.
2. Sabbatical programs that foster faculty and student awareness of concerns related to the integrity of the research process should be integrated into the current Sabbatical program.
3. Adoption of formal guidelines for the conduct of research. This should include a common framework of definitions, distinguishing among misconduct in science, questionable research practices, and other forms of misconduct.
4. Policies and procedures should be formulated to address other misconduct that may occur in the research environment such as theft, harassment, or vandalism.

B. Current Policies and Procedures at Morehouse School of Medicine

The Public Health Service implemented regulations (effective January 1, 1990) stating that any institution that applies for or receives assistance under the Public Health Service Act, for any project or program which involves the conduct of biomedical or behavioral research, is required to complete and submit to the Office of Research Integrity (ORI) an



Concerns about misconduct in science have raised questions about the roles of research investigators and of institutions in maintaining and providing access to



The reviewer has the responsibility for preserving the integrity of the review process. In reviewing a manuscript or a grant proposal, she or he is entrusted with privileged information that is unavailable to anyone outside of the laboratory of the submitting scientists. It is of obvious importance for the reviewer not to make use of information gained in the review for her or his own purposes until it is published or prior to that, only by consent of the author.

#### Recommendation on Communication & Publication

Authorship of original research reports is an important indicator of accomplishment, priority, and prestige within the scientific community. Authorship practices are guided by disciplinary traditions, customary practices within research groups, and professional journal standards and policies. A general rule is that an author must have participated sufficiently in the work to take responsibility for its content and vouch for its validity. Credit for authorship should be contingent on substantial participation in one or more of the following categories: 1) conception and design of the experiment, 2) execution of experiment and collection and storage of the supporting data, 3) analysis and interpretation of the primary data, and 4) preparation and revision of the manuscript.

#### D. Correction of Errors

At some level, all scientific reports, even those that mark profound advances, contain errors of fact or interpretation. In part, such errors reflect uncertainties intrinsic to the research process itself--a hypothesis is formulated, an experimental test is devised and based on the interpretation of the results, the hypothesis is refined, revised, or discarded. Errors are an integral aspect of progress in attaining scientific knowledge.

Science is self-correcting, and errors whether honest or products of misconduct, will be exposed in future experiments. Scientific progress is founded on the principle that results must be verifiable and reproducible. Publication of a scientific report provides an opportunity for the community at large to critique and build on the substance of the report, and serves as one stage at which errors and misinterpretations can be detected and corrected. The research endeavor can therefore be viewed as a two-tiered process: first, hypotheses are

formulated, tested, and modified; second, ~~results~~ conclusions are re-evaluated in the course of additional study.

#### Recommendation on Correction of Errors

In accordance with established principles of science,

personal example, thus can reinforce, ~~even~~ <sup>and</sup> the power of disciplinary standards and scientific norms to affect research practices.

To the extent that the behavior of senior-scientists conforms with ~~general~~ <sup>general</sup> expectations for appropriate scientific and disciplinary practices, the research system is coherent and mutually reinforcing. Thus, personal examples ~~and~~ <sup>and</sup> the perceived behavior of role models and leaders in the research community ~~are~~ <sup>are</sup> powerful stimuli in shaping the research practices of colleagues, associates, and students.

Recently, the demands of obtaining sufficient resources to maintain a laboratory in the contemporary research environment often ~~strip~~ <sup>strip</sup> faculty from their trainees. When laboratory heads fail to participate in the everyday workings of the laboratory, their inattention may harm their trainees' education. In addition, problems arise when faculty members are not directly rewarded for their graduate teaching or training skills. When institutional policies fail to recognize ~~and~~ <sup>and</sup> reward the value of good teaching and mentorship, the pressures to maintain stable funding for research teams in a competitive environment can overwhelm the time allocated to teaching and mentorship by an investigator.

Research supervisors must devote attention ~~to~~ <sup>to</sup> maintaining an atmosphere of open communication and cooperation in their research groups, with opportunity for appropriate participation by and recognition of all parties. Considering human relationships and interactions is an important aspect of good research practice.

### Recommendation on Research Training, Supervision and Mentorship

Research mentors, laboratory directors, department heads, and senior faculty are responsible for defining, explaining, exemplifying and requiring adherence to the value systems of their institutions. A mentor is defined as that person directly responsible for the professional development of a research trainee. Professional development includes both technical training and socialization in basic research practices (i.e. authorship practices and sharing of research data). The mentor has the responsibility to supervise the trainee's progress closely and to





ACADEMIC APPOINTMENT AND PROMOTION PROCESS AND POLICIES AS  
APPROVED BY THE BOARD OF TRUSTEES

## APPENDIX TO FACULTY BYLAWS

Academic Appointment and Promotion Processes and Policies as Approved by the Board of Trustees

ACADEMIC APPOINTMENT & PROMOTION PROCESS & POLICIES  
INSERT HANDBOOK

APPENDIX XII



POLICY FOR THE TRANSFER OF GRANTS/EQUIPMENT

APPENDIX TO FACULTY BYLAWS

## Policy for the Transfer of Grants/Equipment

### Purpose

To define the policy and procedure for transfer of extramural research grants or contract support and research equipment when a faculty member terminates employment at Morehouse School of Medicine (MSM) and assumes employment at another institution.

### Scope and Responsibility

This policy applies to all investigators who receive grant/contract support in the name of MSM. The dean will be responsible for implementation of this policy and for ensuring compliance of it. Requests related to this policy must be approved and recommended to the dean by the department chair. Final decisions will be made by the dean.

### Policy

Unless otherwise provided for in the terms of an award and agreed to by MSM in the acceptance of an award, all equipment purchased with a grant/contract are the property of MSM. In the event that a faculty member terminates employment with MSM to assume a position at another institution, transfer of an extramural research grant/contract and research equipment to the new institution may be authorized under the following conditions:

- x The faculty member is the principal investigator of the grant/contract.
- x The research project supported by this grant/contract will not be continued at MSM under a new principal investigator.

Tj 14.072904 Tcew R (s (c) (a) (c) (i) (a) (7) (5) (3) (1) (D) (2) (8) (2) (5) (1) (2) (3) (0) (2) (2) (6) (9) (c) (a) (1) (b) (e) (a) (s) (i) (g) (a) (d) (1) (7) (a) (c) (1) (c)

- xAll MSM policies and procedures related to the transfer process are followed and approved prior to transfer.
- xAll financial obligations (including salary support for technicians, collaborators and/or co-investigators) incurred at MSM under the grant/contract are fully satisfied.
- xThe investigator will coordinate the transfer and the new institution will assume full financial and physical responsibility for the transfer.
- xEquipment deemed common use should remain at MSM. If some of the research activities will continue at MSM and other activities occur at a new site, then the use of this equipment at MSM may be negotiated between the parties doing the work, supervised by the department chair(s) and dean.
- xEquipment purchased solely with institutional funds and used solely by the investigator may be negotiated with the Associate Dean for Research provided that it has been depreciated and is of no use to another investigator.

### Procedures

As soon as a faculty investigator has accepted a position or knows that he/she will accept a position at another institution and that a request to transfer a grant/contract and equipment will be made, the following procedures should be initiated by the investigator:

### Prior to Approval of Transfer

1. Consult with officials of the grant/contracting agency to determine if the requested transfer complies with agency policies, and obtain copies of relevant agency documents to support this.
2. Obtain from the Business Office financial records concerning the grant/contract and an inventory and documentation concerning the funding source of purchase for the equipment to be requested for transfer.
3. Meet with the department chair to discuss and obtain initial departmental approval for the requested transfer.

4. Prepare a written request for the transfer, a detailed inventory of the equipment requested for transfer, and proof of funding source for purchase of the equipment requested for transfer. Obtain written permission from the granting agency for the requested transfer.
5. Submit the written request, including agency permission, to the department chair for approval and recommendation to the dean.

#### Following Approval of Transfer

1. Prepare and obtain approval of all grant/contract agency and MSM documents and assurances required for the transfer.
2. Obtain approval from the department chair, dean and other relevant MSM officials for the date and means of transfer of equipment.
3. Arrange for and personally oversee the packing, shipment, and payment for the transfer.

#### Relevant NIH Documents

References to and copies of relevant agency documents will be included with the policy statement.

RELOCATION EXPENSES

MOREHOUSE SCHOOL OF MEDICINE  
ACADEMIC AFFAIRS POLICY  
RELOCATION EXPENSES

PURPOSE

To enhance recruitment of exceptional candidates for full time faculty positions, department chairs may negotiate to help defray their relocation expenses.

SCOPE

The dean and senior vice president for ~~acad~~ academic affairs is responsible for ensuring compliance with this policy. This policy applies to academic department chairs and faculty.

POLICY:

MSM will reimburse relocation expenses ~~for~~ full-time faculty only. Such persons must remain in the employ of the medical school for the duration of their initial faculty appointment (one to five years) to justify ~~the~~ expense being made on their behalf. Should the employee resign prior to the completion of ~~the~~ year, reimbursement ~~of~~ relocation expenses will be required and paid prior ~~to~~ distribution of the final paycheck.

PROCEDURES

1. Eligibility:

Reimbursements of relocation expenses ~~for~~ full time faculty require the prior approval of the dean.

2. Types of Expenses Covered

- A. Cost of a moving company (~~with~~ lowest bid as described below)
- B. Coach airfares for the ~~employ~~ employee and the dependent members of the family from the previous location to the Atlanta area (MSM) by the most direct route.
- C. Allowable travel expenses ~~for~~ meals, lodging, and ~~the~~ mileage directly to

3. Procedures for Reimbursement by MSM

- A. The employee will obtain and submit estimates from three certified moving companies and select the ~~low~~ bid offered. If the relocation includes research or laboratory





TEACHER/LEARNER RELATIONSHIP

## TEACHER/LEARNER RELATIONSHIPS

### PURPOSE

The purpose of this policy is to prohibit mistreatment of students in the teacher-learner relationship, and define procedures for handling complaints of violation of established policy.

### RESPONSIBILITY

The Dean and Senior Vice President for Academic Affairs shall ensure compliance with this policy.

### APPLICABILITY

This policy shall apply to all faculty and students, including residents, and fellows.

### POLICY

1. It is the policy of MSM that individuals who serve in a teacher role or who participate, as a learner in any MSM program shall uphold the standards of behavior in the teacher-learner relationship as defined in this policy
2. The Morehouse School of Medicine (MSM) 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.
3. In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner expects 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 time.

fellows, residents, and other staff. Examples of mistreatment or inappropriate behavior are:

- x physical threats or physical attack (e.g., hit, slap, lack)
- x sexual harassment
- x discrimination based on race, religion, ethnicity, sex, age, sexual orientation and physical disabilities
- x repeated episodes of psychological punishment of a student by a particular superior (e.g. public humiliation, threats or intimidation, removal of privileges)
- x grading used to punish a student rather than for objective evaluation of performance
- x assigning tasks for punishment rather than for objective evaluation of performance
- x requiring the performance of personal services
- x taking credit for another individual's work
- x intentional neglect or intentional lack of communication

Such actions are contrary to the spirit of learning, violate the trust between teacher and learner, and will not be tolerated by MSM.

4. Definition—a complaint is a student's allegation that there has been an act or failure to act which violates the standards of behavior in the teacher-learner relationship as defined in this policy.
5. The Dean shall appoint a neutral non-administrative faculty member to act as Mediator, and receive complaints of mistreatment.
6. Claims of discrimination based on race, religion, ethnicity, sex, age, sexual orientation and physical disabilities will be handled in accordance with MSM Policy # 01-30-1-:10 prohibiting discrimination and discriminatory harassment
7. Disputes over grades not related to any claim of mistreatment will be handled in accordance with established academic policy guidelines.
8. Complaints that involve employees of affiliate hospital or other facility will be handled through this process in coordination with the respective facility.
9. Reporting of incidents involving mistreatment will be held in the strictest confidence, and will be dealt with quickly and appropriately in accordance with established guidelines defined in the procedures outlined in this policy.
10. The Mediator will be the keeper of records regarding claims of student mistreatment.



complaint may be presented by a single person or representative selected by the group.

3. If the parties are able to resolve the complaint to the satisfaction of the accuser(s) the Mediator will provide documentation of the resolution to only the parties involved within 7 (seven) working days. The Mediator's records regarding all resolved claims shall remain with the Mediator.
4. When the Mediator is unsuccessful in resolving a claim, the accused and the accuser shall have the option of moving to Step II.

## Step II

1. If the Mediator is unable to resolve the complaint to the satisfaction of the accusers(s) or the accused in Step I, the accuser(s) or accused shall be entitled to file a written appeal to the Conflict Resolution Council for hearing. When the Council is unable to resolve a complaint, the Council will file a report of findings with the Dean which may or may not include recommendations for disciplinary actions.
2. The Dean may or may not accept the recommendation of the Council when determining the disposition of the complaint. The decision of the Dean will be final.

## ROLES AND RESPONSIBILITIES

MEDIATOR Mediator Dean ( ) 4.1125 0 TD -.0023 Tw nual (aolaicum)8.1(e)-.9( estunaishtled th

- x When faced with questions concerning the Institution's legal responsibilities, the Mediator must contact the Director of Risk Management to obtain advice from the Institution's legal counsel.
- x For complaints involving employees from other affiliate hospitals or facilities, the Mediator will attempt to coordinate efforts with the respective facility to resolve the complaint.

**CONFLICT RESOLUTION COUNCIL:** The purposes of the Council include the following: to ascertain the facts, to the extent feasible; to mediate between the parties and to strive for reconciliation. The Council will assess the evidence as objectively as possible, be fair in its deliberations, and protect the rights of the accused and the accuser.

A quorum of the Council will consist of five members, with at least one member from each representative group. The Mediator is not a member of the Council. The Council membership shall include appropriate gender and minority representation. The Student Government Association (SGA) nominates student representatives, faculty representatives by the Dean's Council, and the resident representative by GIMEC. Nominations for Council members are submitted to the Dean, who appoints the Council. Appointments are staggered so that the Council always has experienced members. If given case the accused or accuser is not represented by groups on the Council, the Council may recruit additional members from appropriate groups (e.g. residents, fellows, students, faculty, etc) to help deal with the specific situation. Such recruitment is at the discretion of the Council. There shall be two co-chairs of the Council. One co-chair is elected each year from the student members of the Council, and the other co-chair from the faculty members.

## COUNCIL PROCEDURES

1. The Council becomes involved in a given case only after the Mediator has made reasonable efforts to resolve the complaint.
2. When the Council hears a case, the Mediator, accuser, and accused are present. The Council co-chairs are responsible for notifying the parties concerning the time and place of the Council meeting.
3. The proceedings begin with the Mediator presenting the case. The accuser and accused both have an opportunity to speak and bring witness to speak.
4. The order of speakers is as follows: a) the accuser; b) witnesses for the accuser; c) the accused d) witnesses for the accused.
5. The accused has the right to be present when the Mediator, the accuser, or any witnesses are presenting statements. Similarly, the accuser has the right to be present during statements by the Mediator, the accused, or witnesses.
6. Witnesses will be present only when they are asked to give information. After speaking, they will be asked to leave, in order to protect the confidentiality of the parties involved. Both the







## PURPOSE

The purpose of this policy is to establish procedures that will ensure compliance with the Occupational Safety and Health Administration's (OSHA) "Bloodborne Pathogens Standard" in Part 1910.1030, Title 29 of the Code of Federal Regulations.

## ACCOUNTABILITY

Under the Dean and Senior Vice President Academic Affairs, the Infection Control Committee shall ensure compliance with this policy. The Infection Control Manager and the Institutional Safety Officer shall oversee implementation of this policy.

## APPLICABILITY

This policy applies to faculty, staff, students and housestaff, and includes the following potentially Infectious Materials:

Human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

HIV, HCV or HBV-containing cell or tissue cultures, organ cultures, and HIV, HCV or HBV-containing culture medium or other solutions as blood, organs, or other tissues from experimental animals infected with HIV, HCV or HBV. (Bloodborne pathogens as they relate to the use of animal blood may also be covered by policies pertaining to MSM Research.

## DEFINITIONS

1. Bloodborne pathogen shall refer to pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens shall include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
2. Engineering Controls shall mean controls, which by design, isolate or remove the bloodborne pathogen hazard from the workplace (e.g. sharps disposal containers, self-sheathing needles).
3. Occupational Exposure shall be used to refer to reasonably anticipated or inadvertent skin, eye, mucous membrane, or Parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.





## 5. Personal Protective Equipment

- a. Each department or facility shall identify the specific procedures and/or tasks where personal protective equipment is required to prevent exposure to bloodborne pathogens. Specific descriptions of the personal protective equipment required for each task or procedure shall be included in the School's or Facility's Exposure Control Plan. For example, employees who transport specimens from clinics or patient care areas to laboratories may be required to wear gloves and laboratory coats. The requirement should be specified in the facility's plan.

Each department or facility shall be responsible for providing personal protective equipment identified as essential to job performance at no cost to the employee. Personal protective equipment may include, but not be limited to gloves, gowns, and face masks.

## 6. Housekeeping

- a. Each department or facility shall ensure that an appropriate written schedule for cleaning and decontaminating different areas and surfaces, based upon the location within the facility, type of surface to be cleaned, types of contamination present, and tasks or procedures being performed in the areas, is established and implemented in each of their units.
- b. Each department or facility shall ensure that all equipment and environmental and working surfaces are cleaned and disinfected appropriately after contact with blood or other potentially infectious materials.
- c. Each department or facility shall ensure that regulated waste is maintained, labeled, and disposed of in accordance with applicable Federal, State, and Local regulations.

## 7. Hepatitis B Vaccination and Post-Exposure Evaluation

- a. As required by the School Policy on HIV, HCV and HBV, all house staff, faculty and staff who have direct patient contact, who perform or take part in exposure-prone procedures (as defined in the School Policy on HIV, HCV and HBV), or who have contact with potentially infectious body fluids or laboratory materials must be immunized against hepatitis B or be able to demonstrate immunity. In accordance with the standard, the Infection Control Manager shall be responsible for establishing procedures such that employees who have occupational exposure can obtain hepatitis B vaccination at no cost to them. The vaccination shall be made available after the employee has received training in accordance with this policy (see section 9 of the policy) and within 10 working days of assignment to duty, unless immunity has been established or the vaccine is contraindicated for medical reasons.

If an employee's duties do not require direct patient contact, performance of

exposure-prone procedures (as defined in the HIV and HBV policy), or contact with potentially infectious body fluids or laboratory materials, and/or the employee declines the vaccination, he/she must sign a specifically worded declination form (Exhibit I) Each facility shall ensure that the nurse with overall responsibility for providing the hepatitis vaccinations maintains a copy of the OSHA Bloodborne Pathogen standard and declination form.

b. Confidential medical evaluation and follow-up shall be made immediately available to employees after an exposure incident is reported.

8. Labels and Signs

a. Warning labels in accordance with the OSHA Bloodborne Pathogen standard

- vi. An explanation of the use and limitations of the different methods of control including, but not limited to, engineering controls, work practice and personal protective equipment.
- vii. Information on the types, proper use, location, removal, handling and disposal of personal protective equipment and the basis for selection of the different types of equipment.
- viii. Information on the appropriate actions and procedures to follow if an exposure occurs.
- ix. Information on the hepatitis B vaccine including efficacy, safety, and that the vaccine will be free of charge.
- x. An explanation of the signs and labels required by the standard.
- xi. An opportunity for interactive questions and answers, and
- xii. Additional training for employees in HIV, HCV and HBV research laboratories, which is specific to the practices and operations of the laboratory.

10. Record Keeping

- a. Each department or facility shall ensure that medical records for each employee/student with occupational exposure are maintained for the duration of employment and 30 years thereafter. Each department or facility shall ensure confidentiality of employee medical records. The medical record shall include:
  - i. hepatitis B vaccination status; including the dates of the vaccinations
  - ii. a copy of all results of the pre-exposure medical evaluations
  - iii. copies of any information provided to the physicians performing medical evaluations related to this policy and the OSHA bloodborne pathogen standard.
- b. Training records shall be maintained by each department inpatient care facility. The records shall include training date, contents of training, names and qualifications of instructors, and names and titles of the employees attending the training. These training records shall be maintained a minimum of 3 years.

Exhibits

- a. Hepatitis V Vaccine Declination Form
- b.

By Direction of the President:

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Dean and Senior Vice-President for Academic Affairs

IMPAIRED FACULTY



## IMPAIRED FACULTY

### PURPOSE

To set Morehouse School of Medicine (MSM) policy in the event of impairment of faculty members and provide assistance

utilized in concert with existing resources and other appropriate procedures, which may include disciplinary action and leaves of absences.

A summary of this policy and the assistance available through the FAC and other existing resources shall be incorporated into faculty handbooks, school

recommendations for improving the Faculty Assistance Program. The Committee chairperson is responsible for the preparation and submission of the report.

The FAC shall have the following basic functions with respect to Impaired Faculty:

- assessment of allegations of impairment;
- presentation of concerns to identified faculty;
- referrals for diagnosis and treatment;
- monitoring of impaired faculty as outlined in section 13F below, until final disposition;
- referral of faculty members who are not cooperative with the Committee process or are non-compliant with assessment, evaluation, or treatment to the Dean;
- at the request of the impaired faculty member, assessment, in coordination with the Office of Risk Management, of whether reasonable accommodations should be made that would allow the referred faculty member to perform the essential functions of the job (where there appears to be no direct threat to patient safety)

It is the responsibility of the faculty member's immediate supervisor and/or Department/Unit Head to immediately inform both Human Resources and the Office of the Dean of his/her knowledge of suspected or admitted impairment by the faculty member.

After receipt of the notification, the Dean must appoint one FAC faculty member to receive and act on reports of faculty impairment. One member of the Committee members shall have expertise in mental health and substance abuse disorders.

Where there is credible evidence that an incident may involve a violation of federal, state or local law, the Office of Risk Management will be consulted by the FAC (see below) to determine whether there is an affirmative duty to report that violation.

Every reasonable effort will be made to preserve the confidentiality of all referred faculty members and of the individuals making referrals.

All FAC work involving the above functions shall be identified by a case number rather than the individual's name, except for the first report, wherein a case number is assigned.

#### FAC Referral and Process for Impaired Faculty

- A. The FAC shall consider reports of behavior incidents that may be indicative of impairment that occur both within as well as outside the School's premises.
- B. The FAC is responsible for the preliminary assessment of the validity of reports and referrals made to it prior to presenting concerns to the faculty member. Further assessment may include referral of the faculty member for a clinical evaluation.
- C. Presentation of Concerns to Identified Faculty

Once the FAC has concluded that there is a high likelihood of impairment in a referred faculty member, two members of the Committee shall be selected to privately present the Committee's concerns to the faculty member. Where appropriate, individuals possessing first-hand experience with the faculty member's impaired behavior or status shall be asked to voluntarily take part in the presentation of concerns to the faculty member. All members of the FAC who will perform interventions must have received specialized training in handling such presentations (intervention training), in accordance with standard intervention techniques utilized in mental health and substance abuse disorders.

- D. Four possible outcomes of the initial presentation are:
- i. The presenters conclude that, based on additional information given them by the referred faculty member, there are no grounds for believing that the faculty member is impaired and no interventions are required.
  - ii. Further assessment and/or additional information is required.
  - iii. The faculty member is convinced of the need for help and assents to cooperate in an appropriate treatment program; the presenters will begin the referral process for evaluation and treatment.
  - iv. The faculty member resists help. The presenters shall report back to the FAC that shall refer the faculty member to the Dean. The Dean, after his/her own assessment of the available information, may

## Monitoring of Impaired Faculty

When a faculty member is enrolled in a treatment program, the FAC may delegate the monitoring function to the treatment program, and, in that event, shall receive regular reports on whether the faculty member is cooperating with the program.

When monitoring has been delegated to the treatment program, the faculty member shall be required to sign a Release of Information form permitting the treatment provider to provide relevant information to the Committee, i.e. whether faculty member is cooperating with the program, drops out of treatment, relapses or shows other evidence of deterioration able to result in significant functional impairment. When attempts at rehabilitation fail or are ineffective, continued impairment of the Faculty Member may be sufficient grounds for disciplinary action, including dismissal. Such discipline, if any, shall be taken in conjunction and in compliance with all applicable State and Federal laws.

The FAC shall determine in each case an appropriate duration of monitoring. Monitoring by the Committee may need to be maintained in some cases for an indefinite period, or until the faculty member leaves MSM.



EXHIBIT I

TO: \_\_\_\_\_[identify specific provider]

AUTHORIZATION AND CONSENT TO RECORDS RELEASE

I hereby authorize disclosure of any and all information and related documents, including, but not limited to, treatment, medical (including psychological and psychiatric) and/or assessment records and reports, and correspondence and/or from other treatment and medical professionals, to the Morehouse School of Medicine Faculty Assistance Committee in care of \_\_\_\_\_ 720 Westview Drive, S.W., Atlanta, Georgia 30314

A photocopy or facsimile copy of this authorization is expressly authorized by the undersigned, and your cooperation in furnishing the requested information is solicited.

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type/Print Faculty Member's Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

EXHIBIT II  
IMPAIRED FACULTY MEMBER'S CONS



EDUCATIONAL USE OF COPYRIGHTED WORKS

## EDUCATIONAL USE OF COPYRIGHTED WORKS

### I. PURPOSE

To establish policy for the use of copyrighted works of others by Morehouse School of Medicine (MSM) faculty, staff and students for educational and other academic purposes.

### II. ACCOUNTABILITY

Under the direction of the President, the Dean and all Vice Presidents shall ensure compliance with this policy. The Dean as Senior Vice President for Academic Affairs shall implement this policy.

### III. APPLICABILITY

- A. This policy applies to all MSM faculty, staff and students.
- B. This policy covers all copyrighted works of others that are incorporated in MSM documents, publications, courses and computer files.
- C. Use of copyrighted works under this policy include, but are not limited to: (1) reproduction of the work; (2) distribution of the work to others by sale, rental, lease or broadcasting; (3) performance of the work in the case of performing arts, audio and audiovisual work; and (4) displaying the copyrighted work, including audiovisual works by broadcasting and on Web sites. Written permission from the owner of the copyright is required in all these instances.

### IV. GENERAL PRINCIPLES

- A. MSM respects the legal rights of the owners of copyrights. Copyrighted works may be incorporated in MSM documents, publications and courses only in compliance with copyright laws.
- B. MSM faculty, staff and students shall respect the legal rights of owners of copyrights. This includes the use of the materials of others in courses, publications, journals, research projects, videos, computer software, videotapes, conference presentations, etc.
- C. It is the policy of the MSM to adhere to the requirements of the United States Copyright Law of 1976, as amended (Title 17, United States Code, hereafter referred to as the "Copyright Act"). This policy applies only to copyrighted materials. Uncopyrighted materials may therefore be copied without restriction. Works authored by the United

any MSM faculty, staff or student; individuals who violate copyright are not protected by MSM and may be subject to institutional disciplinary actions, civil litigation and/or criminal prosecution. Files belonging to MSM or any MSM employee and containing copyrighted material may be subject to subpoena.

D. It is the policy of MSM to invoke the doctrine of "Fair Use" as defined by Section 107 of the Copyright Act, in order to enable legal copying of copyrighted materials by faculty, staff and students without seeking the permission of a copyright holder and without the payment of royalties to the copyright holder. "Fair Use" for educational purposes may not be automatically invoked simply on the basis of copying copyrighted material for educational purposes nor on the basis of such copying being made by a non-profit organization. Each claim of "Fair Use" must instead be evaluated against four criteria:

1. the purpose and character of the use;
2. the nature of the copyrighted work;
3. the amount and substantiality of the portion used in relation to the copyrighted work as a whole; and
4. the effect of the use upon

or newspaper. "Systematic" copying of single ar

- a. The copying is for only one course in the school.
- b. Not more than one short article, story or essay or two excerpts is copied from the same author, nor more than three from the same collective work or periodical volume during one class semester.

The limitations in a and b above shall not apply to current news periodicals, newspapers and current news stories of other periodicals.

- c. There are not more than nine instances of such multiple copying for one course during one class semester.

6. Examples of prohibitions based on brevity and spontaneity are:

- a. copying used to create, replace or substitute anthologies, compilations or collective works, regardless of whether copies of various works or excerpts therefrom are accumulated or are produced and used separately;
- b. copying of or from works intended to be "consumable" in the course of study or of teaching. These include workbooks, exercises, standardized tests, test booklets, answer sheets and similar consumable materials.

c. Copying:

- (1) to substitute for the purchase of books, publishers' reprints or periodicals;
- (2) that is directed by higher authority (e.g., a faculty member directing his/her students to copy an article);
- (3) which is repeated with respect to the same item by the same faculty member from semester to semester.
- (4) where costs and charges for copying are charged to the student beyond the actual cost of the photocopying.

B. Music and Audiovisual Use in the Face-to-Face Classroom:

If copyrighted music or audiovisuals are used in a face-to-face conventional class, some utilization may be made under "Fair Use." No more than ten percent of a copyrighted work of music may be used, not repeated for the course in the next semester, unless permissions have been obtained from the copyright holder. Under provisions of Section 110 of the Copyright Act, a lawfully obtained copyrighted film or videocassette not labeled "Home Use Only" may be aired in a face-to-face class, provided that such airing is within the scope of the educational intent of the course. No copy of such film or videocassette may be made without first securing the permission of the copyright holder.

- C. Individual (and Student) Copying of Copyrighted Material:  
MSM has no mechanisms to monitor photocopying. For this reason, MSM photocopy machines (including self-service machines) have posted warnings that the copying of copyrighted materials is subject to the Copyright Act.
- D. Copy-Center Copying of Copyrighted Material:  
MSM Department of Administrative Services may legally provide faculty and staff with single or multiple copies of copyrighted materials that meet the guidelines outlined in Section V above. The Department Administrative Services reserves the right to refuse to make copies of materials when such copying, in its judgment, is not in compliance with the Copyright Act. MSM faculty, staff and students are also advised that they, as individuals, remain responsible for compliance with the Copyright Act when they make use of

## E. Copying for Broadcast

Copying of copyrighted materials for broadcast purposes, including broadcasts utilizing copyrighted printed works, video music or other recordings, whether for “live” video broadcasts or pre-recorded video programs, presents a special set of problems with regard to copyright compliance. The MSM environment has at least four specific areas of broadcast activity which must be considered: closed-circuit, interactive, distance-learning classes; closed-circuit medical consultations and peer conferences; educational offerings or conferences which are broadcast to the external environment by satellite or other broadcast means; and Web-based, distance-learning courses. In the case of closed-circuit broadcasts, it is assumed that such broadcasts are not-for-profit and are aired from a specific classroom, conference room or consultation room at a specific site (e.g. MSM Campus). If programs containing copyrighted materials are ai

been obtained from the copyright holder (see Section V.B above). Under provisions of Section 110 of the Copyright Act, a lawfully obtained copyrighted film or videocassette labeled "Home Use Only" may be aired to a closed-circuit, interactive, distance-learning class, provided that such airing is within the scope of the educational intent of the course. No copy of a closed-circuit, live, interactive, distance-learning class containing such a film or videocassette may be made without securing permission of the copyright holder.

- e. In any closed-circuit, live, interactive distance-learning class session which utilizes copyrighted material it is the responsibility of the faculty member to assure that such utilization is lawful.

2. Closed-circuit, live, medical consultations and peer conferences

- a. Closed circuit, live, peer conferences or medical consultations may make use of print or graphic (but not music audiovisual) copies (one copy per conference attendee) of copyrighted material. Each copy provided must bear the following copyright statement:

"This material may be protected by copyright law (Title 17, U.S. Code)."

- b. Assurance of copyright compliance is the responsibility of the moderator of such closed circuit, live consultations or conferences.
- c. If copies are to be made of such live consultations and peer conferences which include copyrighted material, permission must be obtained from the copyright holder.

3. Broadcasts to the external environment

Broadcasts to the external environment (non-MSM or non-MSM-related) which make use of satellite or other broadcasting technology may fall into two general categories: not-for-profit educational and for-profit commercial (which might be educational).

- a. In the case of all external-environment for-profit, live or for-profit, pre-recorded broadcasts regardless of educational intent, all uses of copyrighted material must be accompanied by permission from the copyright holder or his/her/its royalty-and-permissions agent. Additionally, if copies are to be made of such broadcasts, permission to copy must be obtained.



broadcasts are for-profit and thus ~~subject~~ to permission and the payment of royalties. In any event, copies may ~~be~~ made of such broadcasts without the permission of the copyright holder ~~his~~/her/its royalty-and-permissions agent.

- c. In the case of all external-environment, pre-recorded broadcasts, permission must be obtained for ~~use~~ of all copyrighted material. A pre-recorded broadcast must include ~~list~~ of all copyrighted material and the statement of permission for that ~~material~~. Additionally, copies may not be made of such broadcasts without ~~the~~ permission of the copyright holder or the royalty- and-permissions agent.

### 3. Web-based, distance learning courses

- a. All uses of copyrighted material must ~~be~~ accompanied by permission from the copyright holder or the appropriate ~~royalty-and-permissions~~ agent. Copyright material may include printed ~~works~~, videos, music or graphics. The document should include ~~a~~ list of all copyrighted material and the statement of permissions for that material.
- b. If the students involved in the Web ~~based~~, distance-learning courses are provided with copies of printed or ~~graphic~~ material, permission to copy must be obtained.
- c. Permission must be obtained for copying ~~of~~ the digitalized material and any distribution to others.
- d. Links may be made to other Web sites. However the material on other Web sites may not be copied without permission.
- e. If the course is given only once, ~~the~~ copy meets the tests for brevity and cumulative effect, and if each copy ~~has~~ notice of copyright, then the material may be used without obtaining permission.

### G. Computer-Related Copying

Computer-r 3 -incg



- a. Copies (to paper or downloaded to disk) may legally be made of computerized files and their contents, provided that the program license does not forbid such copying. Generally a computerized file will carry an on-screen warning if copying is not permitted.
- b. Care must be exercised in the copying of material found in other home pages on the Internet. Some home pages may contain copyrighted materials but may neglect to inform visitors to their Web sites or home pages of the presence of such copyright protection material. It is the position of MSM that the presence of such copyrighted material is the responsibility of the owner of the Web site or home page, and liabilities for copyright non-compliance must rest with that owner. MSM home pages and Web sites may not include copyrighted material unless permission has been granted by the copyright holder or the royalty-and-permissions agent.
- c. Legally obtained copies of copyrighted materials may legally be scanned by use of telefacsimile equipment or by use of scanners attached to computers for purposes of transmission. Materials thus copied must bear the following statement:

“This material may be protected by copyright law (Title 17, U.S. Code).”  
Such materials may not be scanned or stored in digital form unless permission to do so has been granted by the copyright holder. If such permission has been granted, the scanned and stored material must bear the following statement:

“This material may be protected by copyright law (Title 17, U.S. Code).”

- d. MSM faculty, staff and students may not incorporate copyrighted material into locally-created databases which are installed on MSM machines which are housed on MSM property unless specific written authorization and permission has been granted to do so by the copyright holder or the royalty-and-permissions agent. Any permitted copyrighted material shall be identified as such on a screen within a body of the program or as a footnote where such display of copyrighted material normally occurs.

H. Copyrighted Material Incorporated into Articles, Books, Courseware, Videos  
Faculty, staff and students shall carefully consider the use of copyrighted material in all works prepared by them. This includes any copyrighted work of others incorporated in journal articles, books, courseware, software, video and conference material created for academic research as well as educational purposes. Faculty and staff are required to obtain permission and/or licenses from the copyright owner in order to reproduce, publish, distribute or display the copyrighted work.

I. Legal Advice Regarding Copyright



LICENSURE POLICY



to performing any clinical duties as required by their discipline

Official correspondence and signatures of physician faculty members should reflect the medical degree conferred. (i.e., M.D.O., MBBS, MBChB, etc.).

All centralized licensure information for MSM practicing physicians shall be maintained in the credentialing database of MMA. This information will be subject to review as required for the credentialing and verification processes associated with patient management.

Non-Physician Clinical Staff:

Non-physician clinical staff, including Psychologists, Social Workers, Physician Assistants, Nurse Practitioners, RN's, LVN's, and registered/licensed dietitians, must comply with the appropriate Georgia licensing agency for their respective disciplines, i.e. Georgia State Composite Board of Medical Examiners, Georgia Board of Nursing, Georgia Board of Examiners of Licensed Dietitians.

Exceptions

Exceptions to this policy must be requested and justified by the appropriate Chair and reported to the Dean and Senior Vice President for Academic Affairs. If approved, all exceptions must be corrected to the policy within 60 days.

There shall be no exceptions permitted regarding the licensure requirements as spelled out in the Georgia code.

By direction of the President: \_\_\_\_\_  
Dean and Senior Vice President for Academic Affairs Date