“Eastern Virginia Medical School is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the Doctor of Medicine degree, Master’s degrees, Doctoral degrees, and Certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097 or call 404.679.4500 for questions about the accreditation of Eastern Virginia Medical School.”

Reviewed and Edited as of 5/2019
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INTRODUCTION

The Eastern Virginia Medical School (EVMS) Faculty Handbook is designed to assist faculty members with the performance of their various duties and responsibilities in support of the mission of EVMS. The Faculty Handbook contains the major policies of EVMS and includes references to other sources of information.

Policies contained herein may be recommended for modification by the appropriate faculty body, council or committee, or by administrative staff. Such policy modifications must ultimately be approved by the President, Provost and Dean of the School of Medicine and the EVMS Board of Visitors. Policies relating to Financial Affairs, Human Resources, Auxiliary Services, and Risk Management must also be approved by the Vice President for Administration and Finance.

EVMS adheres to a policy of non-discrimination, and statements in this manual are made without reference to age, race, color, religion, gender, national origin, disability, sexual orientation, or political affiliation. Because of the characteristics of the English language, however, male nouns and pronouns are used on occasion. It should be understood that such words are generic pronouns. When a term easily permits reference to either the male or female person (such as Chair) that term is used.

Descriptions of faculty and administrative officers are based upon three specific terms:

1. Delegation of Authority refers to the right of an officially approved representative to make certain decisions after consideration of all relevant data and possible available solutions. All authority at EVMS ultimately resides with the Board of Visitors. The Board delegates authority to the President, Provost and Dean of the School of Medicine, who further delegates authority to the other officers.

2. Participation in decision-making refers to the involvement of the members of the faculty in the process through which feasible alternatives are defined and potential implications of these alternatives explored. Because participation in decision-making is a means by which different members may contribute their expertise, knowledge or information to others actually engaged in the decision-making process, as well as to those individuals who have the final decision-making authority, the immediate office or committee to which such recommendations may be made is not always specified.

3. Functions refer to those activities which a person occupying a role at EVMS is expected to perform. Some of these functions are performed regularly, others at sporadic intervals. In general, these specified functions outline basic job descriptions and provide faculty members with guidelines concerning their regular duties.

The policies and procedures in the Faculty Handbook are effective immediately and subject to change at any time by the appropriate authorities. The policies and procedures described herein, and as modified or amended, are expressly incorporated in and made a part of the terms and conditions of appointment and reappointment.

For information pertaining to student issues, faculty should refer to the Catalog and/or Student Handbook.

For primary information pertaining to fringe benefits, vacation, retirement, and other human resources issues, faculty should refer to the Human Resources Policies and Procedures Manual to be used in conjunction with the Faculty/Unclassified Employee Handbook. The Human Resources Policies and
Procedures Manual can be found on the EVMS Intranet web site at http://info.evms.edu, which is currently accessible to all students, residents, faculty and staff from computers on the EVMS network.

For primary information pertaining to payroll, purchasing, budgets, travel, business related expenses, and other financial issues, faculty should refer to the Financial Affairs Policies and Procedures Manual, which is available through the Office of the Vice President for Administration and Finance.

For primary policy and procedure information pertaining to Risk Management Insurance and Professional Liability Claims, faculty should refer to the Risk Management Policies and Procedures Manual, which is available through the Office of the Vice President for Administration and Finance.

For primary policy and procedure information pertaining to Auxiliary Services, Security, Maintenance, Disaster Plan, Parking, etc., faculty should refer to the Auxiliary and Support Services Policy and Procedures Manual, which is available through the Office of the Vice President for Administration and Finance.

The Faculty Handbook is also located on the EVMS Intranet web site at http://info.evms.edu. Changes in policies and procedures will be updated on the web site as soon as practicable. In addition, paper copies of policy changes are available for distribution by the Office of Faculty Affairs.

The President, Provost and Dean of the School of Medicine retains the right to make exceptions to EVMS policies and procedures when such an exception is determined to be in the best interest of the institution.

MISSION, VISION, VALUES, GOALS AND DIVERSITY STATEMENT

**Mission**

Eastern Virginia Medical School is an academic health center dedicated to achieving excellence in medical and health professions education, research and patient care. We value creating and fostering a diverse and cohesive faculty, professional staff and student body as the surest way to achieve our mission. Adhering to the highest ethical standards, we will strive to improve the health of our community and to be recognized as a national center of intellectual and clinical strength in medicine and Health Professions. Our commitment to ensuring institutional effectiveness is demonstrated by the continuous assessment processes we use to improve program performance and student learning outcomes.

**Vision**

Eastern Virginia Medical School will be recognized as the most community-oriented school of medicine and health professions in the United States.

**Values**

Three core values drive our daily efforts:

*Excellence*: We determine with our stakeholders what is valuable and hold ourselves to high performance standards that fulfill our promises.

*Collegiality*: We serve our community and one another, building strong and mutually supportive relationships. We work as a cooperative, united team to further our purposes of education, research and patient care.
Integrity: We strive to maintain the highest ethical standards and accept accountability for all we do and say.

Goals

To fulfill our mission and vision, we must be strategically focused on the areas that provide the greatest leverage for effecting change in our academic health center and our greater community. To that end, EVMS has identified seven long-term goals:

Cultural Alignment: Strengthen our entire organization's collective pursuit of our mission, vision, and values.

Education: Maintain the highest professional standards for our residential and distance learning programs to prepare graduates to excel in their chosen profession and to respond to societal healthcare needs.

Research: Enhance and strengthen our research enterprise in order to improve community and national health.

Patient Care: Enhance our clinical enterprise to provide the highest quality patient care distinguished by our research and academic clinicians.

Affiliates: Strengthen relationships with our affiliates by determining and delivering value.

Finances and Funding: Ensure ongoing financial stability.

Marketing: Strengthen our brand awareness and reputation to increase preference and support from students, patients, physicians and the community.

Diversity Statement

The education, research and patient care mission of Eastern Virginia Medical School (EVMS) is shaped by many considerations: the demographics of the surrounding communities, the significant presence of military personnel, retirees and their families, the rural and underserved communities of the Commonwealth of Virginia, and the broader national and global need to address gaps in the health workforce and the accessibility of health care.

Eastern Virginia Medical School has a unique history as one of the few institutions in the United States established by the local community to serve the local community. Indeed, its vision is to be the most community-oriented school of medicine and health professions in the nation. In fulfilling that vision, EVMS strives to attract talented students, trainees, faculty, staff and leaders who bring diverse attributes and experience to drive our collective commitment to excellence.

Eastern Virginia Medical School embraces diversity broadly defined, but places a special emphasis on recruitment of women, traditionally underrepresented minorities in medicine and the health professions (African Americans, Latinos, American Indians and Native Alaskans, and Native Hawaiians and Pacific Islanders), veterans and individuals who come from socioeconomically disadvantaged backgrounds. Acknowledging that diversity is a fluid and evolving concept, we will continually strive to be inclusive of individuals and groups in the broadest possible manner.
EQUAL OPPORTUNITY/AFFIRMATIVE ACTION POLICY

EVMS strives to hire the best-qualified applicants, with consideration of such factors as education, experience, skills, and professional ability.

EVMS is an Affirmative Action/Equal Opportunity Employer. Human Resources Policy will be administered without regard to age, race, color, religion, gender, national origin, disability, sexual orientation, or political affiliation. EVMS is committed to equal opportunity in all Human Resources activities, including but not limited to recruitment, hiring, training, transfers, promotions, compensation, benefits, and all other terms and conditions of employment.

Inquires may be directed to the Title IX and Section 504 Coordinator:
   Director of Human Resources
   Smith Rogers Hall
   358 Mowbray Arch
   Norfolk, VA 23507
   Telephone Number: 446-6043

STATEMENT OF WORK VALUES

High standards of performance are expected of all faculty and staff. Responsive, dependable, and courteous service to students, parents, and other members of the school community are primary responsibilities of all employees. Individual and collective initiatives to enhance performance and improve the work environment are encouraged and will be rewarded. EVMS will assist faculty and staff to perform well by providing training, support, and a safe and healthful work environment. All faculty and staff should promote a work environment in which:

Individual freedom and dignity are respected and supported while each member pursues the school’s work goals and mission;

Personal and career development are emphasized and understood so that employees will be satisfied and productive in their work and have a sense of pride in Eastern Virginia Medical School;

Trust is fostered by truthful working relationships;

All staff are treated equitably with affirmative action and equal employment opportunities emphasized; and

Adequate communication, including clearly defined work goals, exists to support the mission of the work unit.

Managers have a special obligation to support and translate broad mission goals into operational objectives. Managers may expect:

Training and development opportunities to improve their management leadership role;
Support of decisions which are aligned to the school Statement of Work Values; and
Corrective action when the school Statement of Work Values is not followed.
ADMINISTRATION

Board of Visitors
EVMS is governed by a Board of Visitors as specified in its Enabling Act. The Board is composed of seventeen (17) members, eleven (11) of whom are appointed by their respective City Councils, as follows: 1 each from Chesapeake, Hampton, Newport News, Portsmouth, Suffolk; 2 from Virginia Beach; and 4 from Norfolk. Six (6) members are appointed by the Eastern Virginia Medical School Foundation.

President
The President is the Chief Executive Officer of EVMS and reports to the Board. The President shall have the following powers and duties:

a. The President shall have responsibility for the operations of EVMS in accordance with the Enabling Act, the Bylaws, and policies and resolutions of the Board;
b. The President shall act as an advisor to the Board and shall have responsibility for recommending to the Board for its consideration such policies and programs which will best promote the interests of EVMS;
c. The President shall assure the financial integrity of EVMS and develop and recommend to the Board an annual financial plan and budget;
d. The President shall assure that EVMS maintains current strategic, financial, and operational plans, and establishes policies and procedures that support those plans;
e. The President shall have the power to establish and modify the internal administrative structure of EVMS;
f. The President shall appoint all Vice Presidents, subject to the approval of the Board;
g. The President shall appoint or provide for the appointment of other administrative and academic officers and such professors, teachers, staff members and agents as necessary and according to the processes adopted by the Board;
h. The President shall serve as an ex-officio member of all committees of the Board;
i. The President shall have such other powers and perform such other duties as given, assigned or delegated by the Board; and,
j. The President may designate another EVMS officer or employee to exercise, in whole or in part, the authority of the President, provided that the President shall be responsible to the Board for the actions of his designee.

Dean/Provost
The Dean/Provost is the Chief Academic Officer of EVMS and reports and is responsible to the President. The Dean/Provost shall have the following powers and duties:

a. The Dean/Provost shall serve as the President when the President is unavailable or indisposed, unless otherwise directed by the Board;
b. The Dean/Provost shall manage EVMS clinical and academic services in accordance with policies of EVMS and the Board;
c. The Dean/Provost shall share responsibility with the Vice President for Administration and Finance for approving and signing all clinical or academic contracts, and for approving all proposals/requests for proposals for clinical or academic services, negotiations with outside parties, and other business proposals of EVMS faculty;
d. The Dean/Provost shall design, implement, manage, and recommend final approval to the President and Board all faculty promotion and tenure, compensation and incentive plans;
e. The Dean/Provost shall prepare and administer the academic plan for EVMS, which meets all requirements for accreditation and the service needs to the public;
f. The Dean/Provost shall oversee all academic and student affairs;
g. The Dean/Provost shall recruit, appoint and reappoint assistant/associate Deans, department chairs, center directors, and other academic faculty administrative staff with concurrence of the President and the Board;

h. The Dean/Provost shall develop, coordinate and oversee the basic, clinical and research programs of EVMS; and,

i. The Dean/Provost shall have such other powers and perform such other duties as given, assigned or delegated by the Board or the President.

Vice Presidents and Other Executive, Administrative and Academic Officers and Employees

Vice Presidents shall report to and be responsible to the President. The Vice Presidents shall be responsible for the coordination, supervision and direction of those activities assigned by the President. Upon appointment of other executive, administrative and academic officers and employees, the President, Provost and Dean of the School of Medicine shall prescribe their duties and responsibilities and the terms of their employment. The compensation established for executives, officials, faculty, or other employees shall be in conformity with the approved budget and the terms of employment shall be in conformity with EVMS regular personnel policies.

OFFICE OF FACULTY AFFAIRS AND PROFESSIONAL DEVELOPMENT

The mission of the Office of Faculty Affairs and Professional Development is to maintain and ensure the integrity of the Eastern Virginia Medical School faculty records database and to administer and facilitate the faculty appointment/reappoint process in both the School of Medicine and School of Health Professions.

The Office is responsible for maintaining comprehensive records of all staff holding faculty appointments in both Schools mentioned above. The faculty database maintained by this office is crucial in providing statistical data about Eastern Virginia Medical School requested for reports from institutional, state and national data gathering entities.

Specific responsibilities include:
• Administer the new faculty appointment and credentialing procedure.
• Review and process all nominations for appointment, promotion and tenure to insure completeness and accuracy.
• Provide staff support for the Appointments and Promotions Committee, Tenure Committee, and the Faculty Achievement Awards Committee.
• Verify professional credentials of faculty and prospective faculty.
• Manage the faculty reappointment process.
• Prepare, distribute and maintain faculty compensation contracts for all full and part-time salaried faculty.
• Maintain computerized faculty roster information system (demographics, rank and education) used by the institution and various accrediting bodies.
• Maintain individual faculty files as the official faculty record for Eastern Virginia Medical School.
• Respond to all inquiries regarding appointment/promotion and provide accurate faculty data for EVMS Departments, and executive leadership.
• Serve as resource to President, Provost and Dean of the School of Medicine, faculty, and staff regarding interpretation and application of faculty policies.
• Coordinate and organize Institutional Standing Committees.
• Facilitate applications of faculty nominated for local, state and national awards.
• Plan for the presentation of four General Faculty Meetings per year.
• Administer recruitment and placement of college work-study students for state funded work-study program.
• Respond to external surveys and questionnaires requesting faculty-related information.
OFFICE OF BUSINESS MANAGEMENT

The mission of the Office of Business Management is to provide high quality, customer focused business and financial management, and general administrative support services to the education, research, and academic support programs of the medical school. The primary goal of the Office of Business Management is to ensure the financial integrity of the school through prudent application of sound business practices.

The office reports to the President, Provost and Dean of the School of Medicine and liaisons with the Vice President for Administration and Finance.

Responsibilities include:
Plan, develop, implement, and monitor the operating budgets of EVMS.
Preparation of financial proforma, analyses, and special studies. Provide management information to assist executive management with strategic planning and operational decisions.
Liaison between educational and clinical practice plan components for coordination of business management and practice management services within departments.
Manage the medical school position control procedures. Maintain accurate position costing in accordance with the operating budget. Coordinate with Human Resources in regard to faculty and staff compensation, benefits, and human resource policy.
Coordinate with research administration components in regard to grants and contracts management.
Faculty recruitment and employment processes.
Provide support to the departments for program planning and new business development. Assist departments with budget management decisions.
Policies and procedures development, implementation, and evaluation.
Preparation of external financial questionnaires and surveys.
Contract management support.

RESPONSIBILITIES OF A DEPARTMENTAL CHAIR AND VICE PRESIDENT AND DEAN OF THE SCHOOL OF HEALTH PROFESSIONS

The Chair of any academic department of the School of Medicine and the Vice President and Dean of the School of Health Professions (VPDSHP) of Eastern Virginia Medical School will be responsible for developing, implementing, and administering the faculty and the programs (or components thereof) which will contribute to the achievement of the missions of the Department, School of Health Professions and Eastern Virginia Medical School, including area-wide cooperation in regional program development.

Specific responsibilities of the Departmental Chair and VPDSHP are to:

Departmental and School of Health Professions

Develop and accomplish departmental goals which are supportive of the policies and mission of the school in promotion of a regional approach to education, research and patient care.

Establish departmental policies with the Faculty that will assist in the achievement of departmental goals, or develop a departmental strategic plan which includes goals that are supportive of the policies, mission,
and strategic plan of the Eastern Virginia Medical School, including area-wide cooperation and regional program development.

Hold regular faculty meetings for full-time faculty and at least two meetings a year for all departmental faculty. While Medical School policy makes the Chair responsible for the department, it also implies collegial departmental decision-making.

Establish an effective mechanism for communication within the department in order to discuss school policies and educational philosophy with all members of the department.

Represent, or ensure representation, of the department at all relevant School and other meetings.

Provide professional leadership and example in the department.

Submit an annual report on departmental activities to the President, Provost and Dean of the School of Medicine.

Academic

Implement the courses of study and portions of the integrated undergraduate/graduate medical education curriculum related to the department or the School of Health Professions. The learning objectives of the curriculum will be developed by the department, program, and/or interdepartmental curriculum planning groups and be approved by the Joint Curriculum Committee.

1. Determine and recommend to the President, Provost and Dean of the School of Medicine the number of faculty (full and part-time), facilities (clinical and laboratory), and services required to implement the department's component of the agreed upon academic program. In addition, the clinical Chair shall endeavor to develop the appropriate clinical base necessary for the academic mission. The Chair will collaborate in the establishment of School priorities for the acquisition of these resources.

2. Establish academic standards with respect to the courses of study and portions of the integrated curriculum related to the department. The system of evaluation of individual student competence will be based on assessment of achievement of the specific previously agreed upon learning objectives of the courses or integrated curriculum and the general educational goals of the School. Evaluation of each component of the curriculum will adhere to the School policy developed by the Committee on Evaluation, recommended by the President, Provost and Dean of the School of Medicine’s Council and approved by the President, Provost and Dean of the School of Medicine.

Provide assistance to students in academic difficulty in planning and implement remediation.

Provide assistance to students in exploring possible career choices within the discipline.

Provide assistance and management of scholarly endeavors.

Faculty Affairs and Professional Development

Recruit and orient new faculty members whose qualifications are in accordance with School and department priorities.

Assist and encourage faculty growth and high performance in teaching, research, and other professional activities; and in particular, to assist faculty in obtaining research and/or teaching grants.

Oversee faculty responsibilities and protect academic freedom.
Establish written expectations for each of the faculty members in the department on a yearly basis and make documented recommendations to the President, Provost and Dean of the School of Medicine for their retention, tenure, promotion and annual salary increments where appropriate.

Budgetary Affairs
Develop the annual departmental budget request to be recommended to the President, Provost and Dean of the School of Medicine.
Administer and control budgetary allocations (authorize expenditures, ensure expenditures are correctly coded, maintain records).

Office Management
Hire, supervise and evaluate staff personnel (practice managers, office managers, administrative assistants, secretaries, clerks, and laboratory assistants).
Administer, allocate and maintain departmental facilities, space and equipment and other departmental properties.
Integrate clinical business activities with Health Services.

GUIDELINES FOR CHAIR OR VICE PRESIDENT AND DEAN OF THE SCHOOL OF HEALTH PROFESSIONS (VPDSHP) DEPARTMENTAL FUNDS

These funds are handled as cumulative funds with the remaining fund balance at the end of any fiscal period being carried over to the next period.

While these funds are appropriated for the discretionary use of the Chair or VPDSHP, they are public funds to be used for educational purposes within overall EVMS guidelines (reference Financial Affairs Policy and Procedure Manual, Section 14, Board Designated Funds).

Due to the expenditure of these funds for operating purposes, approximation should be made by each Chair as to how much of their fund balance will be spent in the fiscal year. Every attempt should be made by each Chair or VPDSHP to hold expenditures within the approximation, but the expenditures will not be limited within the EVMS budget control procedures to that amount. The only strict limitation will be total available fund balance.

The exception categories listed under (4) below will require prior approval of the President, Provost and Dean of the School of Medicine before the expenditure takes place.

Guidelines for Expenditure - Prior Approval Needed

Tuition Reimbursement - only when necessary for employee job-related skills or knowledge. Documentation of satisfactory completion must be presented after completion of course.

Recruiting
Foreign travel - All foreign travel must be approved by the President, Provost and Dean of the School of Medicine.
New Faculty Salaries (not to exceed two fiscal years for any individual)
Alteration and Renovation of Departmental Space
INSTITUTIONAL STANDING COMMITTEES

Admissions Committee

Charge: To recommend to the President, Provost and Dean of the School of Medicine criteria for admission and to implement the selection process leading to a recommendation to the President, Provost and Dean of the School of Medicine of the students to be admitted.

Animal Care and Use Committee

Charge: To assure that the institution's animal care facilities and policies for humane care and use of animals meet all the criteria established by accrediting bodies and federal and state laws. This includes semiannual inspections of the facilities and submission of reports on the findings, review of all protocols to use animals for research or teaching, ensuring that all animal users are properly trained, and advising the administration on the utilization and needs of space to house animals.

Appointments and Promotions Committee

Charge: To periodically review and recommend criteria for faculty appointments and promotions, and to evaluate faculty members for appointment and promotion.

Chemical and Environmental Safety Committee

Charge:

1. Review and develop and promote institutional standards, practices and policies that promote institutional health and safety in relationship to laboratory and chemical safety issues such as:

   1.1. OSHA laboratory standard compliance
   1.2. Flammable liquids and other fire hazards in laboratories
   1.3. Safe laboratory design, engineering and ventilation
   1.4. Chemical inventory and reporting
   1.5. Laboratory and chemical security

2. Review, develop and promote institutional policies and procedures in relationship to sustainability and environmental impact reduction. This would include issues such as:

   Chemical and materials recycling
   Pollution prevention
   Greenhouse emissions
   Environmental management systems
   Sustainable practices

3. Monitor and ensure that hazardous wastes are disposed of properly

4. Conduct meetings at least once every three months; maintain written minutes of each meeting and distribute copies of the minutes to the President, Provost and Dean of the School of Medicine and each committee member or other relevant persons or committees
5. Submit formal written recommendations on behalf of the committee to the President, Provost and Dean of the School of Medicine

6. Review specific committee charges not less than every three years to assure their continued relevance to the goals of the committee and needs of the institution.

**Committee on Committees**

**Charge:** To recommend annually to the President, Provost and Dean of the School of Medicine, the names of faculty members (or in some cases other than faculty) to serve on Standing Committees of EVMS.

**Conflict of Interest Committee**

**Charge:** Review and take action to manage and/or reduce or eliminate significant financial interests disclosed by faculty, students and staff.

**Continuing Medical Education Committee**

**Charge:** To advocate for and support professional development of physicians and other health care professionals by assessing needs, planning and reviewing educational programs, and designating credit.

Through the Office of CME, the Eastern Virginia Medical School offers a range of evidence-based educational activities that enhance a practitioner’s level of knowledge, competence, performance/skills, and patient outcomes.

Outcome measures will assess how these activities influence professional behavior for the purpose of improving health care outcomes and patient care.

**Faculty Achievement Awards Committee**

**Charge:** To identify and present to the President, Provost and Dean of the School of Medicine faculty who have achieved significant accomplishments as a member of the Eastern Virginia Medical School.

**Institutional Biosafety Committee**

**Charge:** To ensure that (a) registrations involving human and animal pathogens, tissues, and toxins are reviewed and found to comply with all federal, state, and local requirements; (b) all recombinant DNA registrations and research are in compliance with the National Institute of Health’s *Guidelines for Research Involving Recombinant DNA Molecules* and establish policies and procedures ensuring biological materials are handled and disposed of safely and in the proper manner.

**1st Thursday Institutional Review Board & 3rd Tuesday Institutional Review Board**

**Charge:** The EVMS Institutional Review Board is responsible for protection of the rights and welfare of human research subjects, as defined in the regulations of the United States Department of Health and Human Services Office of Human Research Protections, the Food and Drug Administration, the Belmont Report, the Declaration of Helsinki-Ethical
Principles for Medical Research for Research Involving Human Subjects, and the Nuremberg Code. In addition to living human individuals, human research subjects include tissues, specimens, records and data sets from living human individuals. The EVMS IRB will prospectively approve all research activities with living human subjects, specimens, records or data, or make the determination that the activities meet the constrained definition of “not human subject research.” The EVMS IRB will also serve as the EVMS “Privacy Board” for the use of “Protected Health Information” for research purposes as established in the Health Insurance Portability and Accountability Act (HIPAA) and in accordance with the United States Department of Health and Human Services regulations and applicable to both living and decedent individuals.

Medical Education Committee

Charge: The Medical Education Committee is responsible for development of the design and management, implementation, and evaluation of the curriculum prescribed for matriculants of the Doctor of Medicine at the Eastern Virginia Medical School.

Library Committee

Charge: To provide faculty overview of the library's development and operating policies.

Minority Affairs Committee

Charge: To assess and develop procedures to address the academic, social and economic concerns of the ethnic minority populations of the Eastern Virginia Medical School.

Phoenix Committee

Charge: (a) To provide effective prevention of student impairment through a well-publicized self-referral system whereby a student who thinks he or she is at risk can volunteer into the program, and

(b) To provide assistance by early detection and referral for evaluation and/or treatment in such a way as not to endanger the student's career.

Radiation Safety Committee

Charge: To perform the duties and functions of oversight, regulation and guidance of all aspects of radiation safety at EVMS according to our U.S. Nuclear Regulatory Commission Material License, and all applicable regulations.

Research and Advisory Committee

Charge: To assess the research environment of EVMS and recommend strategies for its improvement; facilitate research-related activities; review the use of all institutional research funds and make recommendations for their distribution; cultivate and update the President, Provost and Dean of the School of Medicine on research-related fund raising opportunities.
Student Affairs Committee

Charge: To assist the students regarding administrative matters, personal and social concerns, and maintenance of health.

Student Progress Committees

Charge: (1) To review, evaluate and develop policies and procedures concerning the progress and promotion of students enrolled in EVMS; (2) To recommend to the President, Provost and Dean of the School of Medicine, and the Faculty, the promotion of students within the instructional program; (3) To recommend to the President, Provost and Dean of the School of Medicine, and the Faculty those students to be awarded the appropriate degrees.

Tenure Committee

Charge: To evaluate faculty at the Eastern Virginia Medical School for Tenure and Post-Tenure review

FACULTY SENATE

Purpose of the Faculty Senate

A Faculty Senate shall be established at EVMS to represent the Faculty in specified areas of its responsibilities and concerns in order to:

A. Initiate, develop, and participate in the formulation of academic or educational policies of the school and make recommendations to the President, Provost and Dean of the School of Medicine.

B. Consider such policies, programs, and other matters as the President, Provost and Dean of the School of Medicine, the administration, the President, Provost and Dean of the School of Medicine’s Executive Committee, Council of Chairs, Health Services, various student organizations, or individual members of the Faculty may propose.

C. Review proposed changes to the Faculty Handbook and provide a written position statement to the President, Provost and Dean of the School of Medicine and the appropriate Standing Committee of EVMS outlining support or any suggested revisions prior to presentation at the President, Provost and Dean of the School of Medicine’s Executive Committee.

D. Help create, maintain, and protect an environment conducive to the growth of scholarship, creativity, learning, teaching, research, clinical excellence, service and respect for human rights and dignity.

E. Accept and share responsibilities with the administration and students in order to improve the stature and effectiveness of the School.
2. Representation of the Faculty Senate

A. A Faculty Senator will represent each of the following Departments or Divisions:

- Anatomy/Pathology
- Pediatrics
- Emergency Medicine
- Physical Medicine and Rehabilitation
- Family Medicine
- Psychiatry
- Internal Medicine
- Physiological Sciences
- Microbiology
- Radiation Oncology
- Obstetrics and Gynecology
- Radiology
- Otolaryngology
- Surgery
- Urology

B. Quorum for Senate meetings is set at 51% (8 of the 15 Departments or Divisions must be represented).

C. Each Faculty Senator must have an Alternate.

D. Each Department/Division represented will carry a Vote; motions will pass if 51% of the votes of the Departments/Divisions represented are in favor of the motion.

E. Faculty Senators will be elected by their Departmental or Divisional Peers.

F. Department Chairpersons may only serve as Faculty Senators or Alternates for Departments or Divisions with a total faculty roster of three or less.

G. Individual Faculty Senators will be responsible for choosing their Alternate. For Departments or Divisions with Senators on the Executive Committee, the Alternate should be elected rather than chosen by the Senator.

3. The Executive Committee of the Faculty Senate

A. An Executive Committee will overview the Faculty Senate ("Senate") functions in accordance with the above stated purpose. The Executive Committee will be elected at the Senate meeting in June and begin their service on July 1.

B. The Executive Committee is composed of:

1. The President of the Senate who is in charge of:

   a. Presiding over the meetings of the Senate
   b. Meeting monthly with the President, Provost and Dean of the School of Medicine
   c. Representing the Senate at the Board of Visitors’ meetings
   d. Presenting the Senate reports at the General Faculty Meetings
   e. Representing the Senate on the President, Provost and Dean of the School of Medicine's Executive Committee
2. The President-Elect of the Senate who is in charge of:
   a. Presiding during the meetings of the Senate in the absence of the President of the Senate
   b. Meeting monthly with the President, Provost and Dean of the School of Medicine in the absence of the President of the Senate
   c. Assisting the President in all of his responsibilities
   d. Presenting the Senate Reports at the General Faculty Meetings in the absence of the President of the Senate
   e. Representing the Senate on the President, Provost and Dean of the School of Medicine’s Executive Committee in the absence of the President of the Senate.
   f. Representing the Senate on the Academic Affairs Committee

3. The Immediate Past President of the Senate who is in charge of:
   a. Representing the Senate on the Committee on Committees
   b. Selecting and chairing the Nominating Committee

4. The Secretary who is in charge of:
   a. Assisting the President during the Senate meetings
   b. Composing and submitting the minutes of the Senate meetings
   c. Representing the Senate on the Finance Committee

5. A Member at Large who is in charge of:
   a. Assisting the Secretary
   b. Chairing the Grievance Committee
   c. Representing the Senate on the Appointments and Promotions Committee.

C. The Executive Committee will meet periodically, typically in the week prior to Full Senate meetings. The Executive Committee will exceptionally hold additional meetings, to deal with emergency issues that are important to the Faculty and to the Faculty Senate.

D. Quorum for the Executive Committee is set at 60% (3 of 5 members).

F. All decisions taken by the Executive Committee will be submitted to the Faculty Senate before being formally adopted

4. Election to the Faculty Senate

A. Each Department or Division will hold yearly elections in the spring (typically May or June) for the office of Senate Representative. Interim elections will be held when necessary.
B. For Faculty Senate Representatives who will be staying on the Executive Committee, an election will be held for the office of Alternate.

C. The Faculty Senate will elect the Executive Committee in June. In August, a preliminary listing of Senators and Alternates will be made available for the following Academic Year. In September, a final listing of Senators and Alternates will be made official.

5. Senate Faculty Representatives

A. Faculty Senate representatives to the President, Provost and Dean of the School of Medicine’s Executive Committee, the Administration and Services Committee, the Academic Affairs committee, the Committee on Committees and the Finance Committee are as above (See Executive Committee).

B. The Faculty Senate will also have official representatives on the following Committees:

- Fringe Benefits Committee
- Library Committee
- Space Committee
- Ad Hoc Committees (when appropriate)

The representative may already be a member of the Committee in question.

6. Faculty Senate Meetings

A. The Faculty Senate will meet monthly, usually on the third Monday of each month; the alternate date is the fourth Wednesday or the fourth Monday.

B. Exceptional meetings may be convened; they will be called by the President, when appropriate, upon the recommendation of a Senator or other Faculty member if determined appropriate by the Executive Committee of the Faculty Senate.

7. Grievance Committee

A. The Member at Large of the Senate will preside over the Committee.

B. The rest of the membership will be selected by the Faculty Senate President.

The President, Provost and Dean of the School of Medicine, and Board of Visitors must approve any changes to the Faculty Senate Bylaws.
EVMS ACADEMIC PHYSICIANS AND SURGEONS HEALTH SERVICES FOUNDATION

Mission Statement

The EVMS Academic Physicians and Surgeons Health Services Foundation (the “Foundation”) exists to further the mission and goals of the Eastern Virginia Medical School (“EVMS”). The Foundation will strive to enhance the capacity of the faculty of EVMS to provide excellence in their education, research, and service roles. It aspires to help EVMS to attract and retain the best clinical faculty available in each of the several Departments by supporting clinical practice and research, in conjunction with teaching under working conditions comparable to those prevailing in comparable academically oriented medical centers within the Commonwealth of Virginia and elsewhere. The Foundation will sponsor the clinical practice of medicine in the academic setting to provide the faculty the opportunity to teach excellence in health care delivery to students at all levels of training. The Foundation’s support of the medical practice activities will additionally provide an improved environment which allows for the provision of truly excellent patient service.

In its clinical and research activities, the Foundation will assist EVMS in assembling a faculty which constitutes a critical mass of talented clinicians dedicated to reinforcing each other’s ability to perform clinical services, and to educate students of medicine and the healing arts to perform at the highest standards of excellence and ever to uphold and enhance the reputation of EVMS and each of its Departments. In carrying out the above-stated purposes, the Foundation shall engage the services of full-time faculty members involved in clinical activities in such number as may be required from time to time by the Bylaws of the Foundation, and may engage the services of non-full-time faculty members of EVMS, all pursuant to the terms, provisions, covenants, and conditions of an Initial Affiliation Agreement dated as of July 1, 1989, between the Foundation and EVMS, as the same may from time to time be amended, modified, extended, or replaced (the “Affiliation Agreement”).
EVMS FACULTY

Full-Time Faculty: Full-time faculty are faculty members who have education, research and/or patient care responsibilities on a full-time basis, which is an established schedule of at least 40 hours per week, annually, or those faculty members who have been designated by the EVMS Board of Visitors as full-time. Full-time faculty are appointed as one of the following:

Full-Time Salaried Faculty: Clinical, research, administrative and other faculty who are paid by EVMS on a salaried basis and who have employment contracts with EVMS.

Full-Time Non-Salaried Faculty: Clinical, administrative or other faculty who are not paid by EVMS, but who have appointments in mission critical departments and who are designated by the EVMS Board of Visitors as Full-Time Non-Salaried Faculty.

Full-Time Non-Salaried-VA Faculty: Clinical faculty employed by the Veterans Administration and who are designated by the EVMS Board of Visitors as Full-Time Non-Salaried Faculty.

Part-Time Faculty: Part-time faculty are faculty members who have education, research and/or patient care responsibilities on a part-time basis, which is less than 40 hours per week, annually. Part-time faculty are appointed as one of the following:

Part-Time Salaried Faculty: Clinical, research administrative or other faculty who are paid by EVMS on a salaried, hourly, or per service basis and who have employment contracts with EVMS.

Non-Promotion Eligible Faculty: Individuals primarily employed by EVMS in a non-academic role who have been invited to participate in the institution’s research, teaching, or clinical care missions, to pursue collaborative efforts, or to provide other services to EVMS, on an intermittent, irregular, or seasonal basis. They may, for example, teach one or more courses for one semester, give a series of lectures within a course developed by an EVMS full-time faculty member, supervise students or prepare them for various professional roles, teach specific clinical skills or graduate seminars, or oversee graduate research conducted by EVMS students (they may not be principal advisors on masters or doctoral theses, but may serve on thesis committees).

Community Faculty: Community faculty are unpaid faculty members who volunteer their time, efforts, and expertise to the EVMS mission. Community faculty are expected to commit at least 50 hours to EVMS academic activities per year. This time commitment can be met by actively participating in grand rounds or other department conferences, serving on committees, delivering didactic lectures, providing ward attending coverage, precepting students or residents, participating in other teaching activities at EVMS, or by participating in other activities agreed to by the faculty member and the Department Chair or the Vice President and Dean of the School of Health Professions (VPDSHP).

Adjunct Faculty: Adjunct faculty are unpaid faculty members who are employed by another regionally accredited educational institution and who have been approved to participate in EVMS academic or research programs.

Emeritus Faculty: Emeritus or emerita is an honorary faculty appointment, awarded upon retirement, for distinguished or exceptional service and outstanding dedication to EVMS as further outlined in the Emeritus Faculty Appointment Policy.
PROCESS FOR REVISING THE FACULTY APPOINTMENT AND PROMOTION, TENURE, AND GROUNDS FOR DISMISSAL POLICIES

Among the most important policies that an academic institution maintains are those concerning the appointment and promotion of faculty, the process for awarding tenure, and the grounds for dismissal of faculty. EVMS recognizes both the centrality of these policies in the relationship between the institution and the faculty and the need for an open process whenever there is a need to revise the policies. Therefore, the following process will be employed whenever a revision to these policies is necessary:

1. A request for revision is made by the Board of Visitors, the President, Provost and Dean of the School of Medicine, Vice Provost for Faculty Affairs and Institutional Effectiveness, Vice President and Dean of the School of Health Professions (VPDSHP), the appropriate standing committee of the school, the Faculty Senate or any other member of the faculty and administration.

2. The President, Provost and Dean of the School of Medicine shall consider whether such a request is appropriate. If a determination to consider a policy revision is favorable, the President, Provost and Dean of the School of Medicine shall charge the appropriate standing committee, or an ad hoc committee if there is no appropriate standing committee, with proposing a recommendation concerning the request for revision.

3. The committee shall consider the issue and forward its recommendation to the President, Provost and Dean of the School of Medicine, who shall then share the committee’s recommendation with the Faculty Senate for review.

4. The Faculty Senate shall forward its review and commentary to the President, Provost and Dean of the School of Medicine. If there are substantial differences of opinion between the Faculty Senate and the committee, the President, Provost and Dean of the School of Medicine may request that representatives from both entities meet and attempt to reach a consensus. The President, Provost and Dean of the School of Medicine will then consider the various recommendations and forward them, with or without comment, to the Council of Chairs for consideration.

5. The Council of Chairs shall review the various recommendations and make a recommendation to the President, Provost and Dean of the School of Medicine.

6. The President, Provost and Dean of the School of Medicine shall consider the points of view raised during the revision process and make a recommendation to the appropriate committee of the Board of Visitors.

7. The Committee shall consider the points of view raised during the revision process and make a recommendation to the Board of Visitors, who will make a final decision on the proposed revisions. The intent of this process is to balance the need for broad discussion among the faculty and administration with the need to revise policies in a timely manner.

APPOINTMENTS AND PROMOTIONS GUIDELINES

INTRODUCTION
An effective academic medical center requires a diverse faculty. Accordingly, the guidelines contained within this document pertain to the initial appointment and subsequent promotion of all faculty at Eastern Virginia Medical School engaged in the diverse areas of clinical practice, education, research, and service.

A. Academic Faculty

The criteria for appointment and promotion of academic faculty at EVMS require that faculty fulfill their assigned responsibilities in clinical practice, education, research, and/or service, with a level of expertise befitting the rank. Full-time (academic) faculty may seek appointment or promotion in the unmodified tract or, in unusual circumstances, in the modified tract with agreement from the faculty member and the Department Chair or the VPDSHP.

This document outlines the institution's expectations for scholarly accomplishments and expertise in order to justify a recommendation for appointment or promotion to the ranks of Assistant Professor, Associate Professor, and Professor. These expectations remain general so as to be appropriate for faculty in all departments. Some overlap of activities across the categories of clinical practice, education, research, and service is intentional. In the Appointments and Promotions Committee's evaluation of a candidate's activity, the primary consideration is not quantity, but quality. In turn, when discerning the quality of faculty activity, the Committee will consider the faculty member's present rank, level of responsibility, and percentage of time devoted to these activity categories. Finally, criteria for appointment and promotion have been developed to reflect the mission statement of the Eastern Virginia Medical School.

Community Faculty

Founded by physicians and other citizens of Hampton Roads, EVMS has benefited throughout its history from the substantive contributions of its community faculty. Community faculty are essential in many departments, and for interdisciplinary programs, and without these faculty members' generous sharing of their time, efforts, and expertise, EVMS would not have been successful in its development and still would not be able to meet its mission.

The appointment and promotion process for community faculty is generally similar to that for academic faculty. Community faculty, however, may seek appointment or promotion in either an unmodified rank (e.g., Assistant Professor) or a modified rank (e.g., Assistant Professor of Clinical Department). Candidates who select the unmodified rank are expected to meet the same criteria as those listed in this document for academic faculty, including scholarly accomplishments and expertise in education, clinical practice, research, and/or service. Candidates who select the modified rank are expected to meet the standards of excellence for each rank as outlined in Section V, but are not held to a requirement to provide evidence of scholarly activity as listed in Section IV A.

In general, community faculty are expected to commit at least 50 hours to EVMS per year. This time commitment can be met by actively participating in grand rounds or other department conferences, serving on a committee, delivering didactic lectures, providing ward attending coverage, precepting students or residents, participating in other teaching activities
at EVMS, or by participating in other activities agreed to by the faculty member and the
Department Chair or the VPDSHP.

C. Faculty Roles

The Appointments and Promotions Committee will take into account in its deliberations the
roles assigned by the Department Chair or the VPDSHP to faculty members, both academic
and community faculty, unmodified or modified rank. To determine in which roles
(education, clinical practice, research and/or service) faculty should document their expertise
and accomplishments, the Committee will consider the percentage of effort or amount of time
spent by faculty in those roles, as agreed to by the faculty and their Department Chairs or the
VPDSHP in regular annual meetings and documented in the materials presented to the
committee.

II. INITIAL FACULTY APPOINTMENT AND CREDENTIALING PROCEDURE

A. Authorization of Faculty Positions

New Faculty Position Establishment

The President, Provost and Dean of the School of Medicine must authorize and approve all requests of
Department Chairmen and the VPDSHP for the establishment of new faculty positions. The request and
approval process normally occurs during the annual operating budget development process but may also
occur outside of the budget process in response to emergent situations. In either case, the Department
Chairman and the VPDSHP must provide the following information and any other pertinent information
the Chairman or the VPDSHP feels necessary to support and facilitate the approval process. For new
clinical faculty, the approval process includes the presentation of a business plan and financial pro-forma
to the Health Services Professional Services Committee. The Professional Services Committee forwards
its recommendation to the Health Services Executive Committee. Justification for the education, research
and/or patient care need and the percent or amount of effort estimated for each area. Description of the
primary responsibilities of the position.

Anticipated effective date for the new position.

Proposed/recommended faculty rank.

Indicate whether the faculty appointment is to have any co-terminus condition(s) such as grant or contract
funding, administrative function, etc.

Anticipated salary compensation for the new position including faculty rank base salary and clinical or
other supplemental compensation above faculty base salary.

Proposed funding source(s) such as patient care revenue projections, grant or contract funding, hospital
support, core funding requirements, program funding, etc.

Additional needs for the new position such as space, support staff, equipment, research start-up costs,
exceptional recruitment costs, etc.

After consideration of all information, documentation and recommendations, the President,
Provost and Dean of the School of Medicine notifies the Chairman or the VPDSHP through
approval of the departmental operating budget proposal or other written notification of
approval or disapproval of the new position.
If the new faculty position is approved, the Office of Business Management will establish the position by assigning a position number in accordance with applicable position control procedures (Financial Affairs Policies and Procedures, section 1.11 Position Control).

Authorization to Fill An Existing Vacant Faculty Position

Vacant positions are positions that have been previously approved and have assigned position numbers. If no previous position number exists, utilize the procedures described above for New Faculty Position Establishment. The President, Provost and Dean of the School of Medicine must authorize and approve all requests of Department Chairman and the VPDSHP to fill vacant faculty positions. For vacant clinical faculty positions, approval may also be required by the Health Services Professional Services Committee and Executive Committee. In requesting permission to fill a vacant faculty position the Department Chairman or the VPDSHP must provide the following information to support and facilitate the approval process.

a) List the position number previously assigned.
b) Describe any changes in the primary responsibilities of the position including changes in the percent or amount of effort originally approved for education, research, and/or patient care.
c) Anticipated effective date of filling the vacant position.
d) Proposed/recommended faculty rank.
e) Affirm any co-terminus condition(s) previously attached to the faculty position and/or indicate new co-terminus condition(s).
f) Anticipated salary compensation for the vacant position including faculty rank base salary and clinical or other supplemental compensation above faculty base salary.
g) Proposed funding source(s) such as patient care revenue projections, grant or contract funding, hospital support, core funding requirements, program funding, etc.
h) Additional needs for the vacant position such as space, support staff, equipment, research start-up costs, exceptional recruitment costs, etc.

After consideration of all information, documentation, and recommendations, the President, Provost and Dean of the School of Medicine notifies the Chairman or the VPDSHP in writing regarding approval or disapproval to fill the vacant faculty position.

B. Faculty Recruitment and Letter of Offer

Upon approval of the President, Provost and Dean of the School of Medicine for the establishment of a new faculty position or permission to fill an existing vacant faculty position, the Department Chair or the VPDSHP will initiate the recruitment effort utilizing established methods for recruitment of faculty. If a prospective new faculty member will require a non-immigrant visa, in accordance with INS regulations, the Chair or the VPDSHP shall cause the description of the faculty position to be posted in two separate building locations at the Medical School which notice shall remain for a period of ten (10) consecutive business days.

All candidates for initial appointment to the faculty are expected to meet certain basic criteria as outlined in Section V, “Standards of Excellence for Each Rank.” Section V also provides examples of excellence standards appropriate for each academic rank.
These standards guide the Chairman and the VPDSHP when recommending candidates for initial faculty appointment.

Refer to the Financial Affairs Policies and Procedures for guidance concerning recruitment expenditures (Recruitment Expense 5.40) and employee moving (Moving/Relocation 6.10).

Upon completion of the interview process and selection of a candidate for a faculty position, the Chairman or the VPDSHP prepares a Letter of Offer. The Letter of Offer must include the following components:

1. Proposed faculty rank to be recommended.
2. Indicate any co-terminus condition(s).
3. Anticipated start date subject to satisfactory completion of the faculty appointment and credentialing process. If the candidate is a foreign national, the offer shall also be subject to the school’s ability to obtain the necessary approval from the Immigration and Naturalization Service for appropriate non-immigrant classification and work authorization and issuance by appropriate governmental agencies of the working visa, if necessary.
4. Salary compensation. Specify salary components including faculty rank base salary, administrative base salary, and clinical or other supplemental compensation.
5. Make reference to the Faculty Fringe Benefits Attachment for the candidate’s review (attachment provided by the Office of Faculty Affairs and Professional Development (FAPD). Include description of departmental perquisites such as allowance for professional dues and travel, continuing education opportunities, etc.
6. Make reference to the Moving/Relocation Policy, where applicable (attachment provided by the Office of FAPD).
7. Describe the primary duties and responsibilities of the position. Summarize the departmental expectations and goals.
8. Describe provisions for space, support staff, equipment, research start-up funding, etc., as appropriate.
9. Indicate that all new faculty (clinical faculty) are required to sign a Standard Employment and Non-Competition Contract, which will be attached for the candidate’s review (attachment provided by the Office of FAPD).
10. Make reference to the Applicant’s Consent and Release Agreement and the Questionnaire for Appointment to EVMS Faculty forms for completion and signature by the candidate upon acceptance of the offer (attachments provided by the Office of FAPD).
11. Make reference to the EVMS Curriculum Vitae form for completion by the faculty candidate (attachment provided by the Office of FAPD).
12. Include the following non-binding paragraph in all letters of offer: “The intention of this offer letter is to outline the key provisions of our mutual discussions and should not be interpreted as your formal approved faculty appointment or contract. This offer is subject to the Faculty Appointment and Credentialing and Contracting policies and procedures utilized by the Eastern Virginia Medical School.”
13. Requested response date from the candidate.
14. Signature lines for execution by the Chairman or the VPDSHP, President, Provost and Dean of the School of Medicine, Vice Provost for Faculty Affairs and Institutional Effectiveness, and Vice President for Administration and Finance.
15. Candidate acceptance signature line.

Process for Letter of Offer
a) Chairman or VPDSHP prepares Letter of Offer, signs and forwards to Associate Dean for Business Management.
b) Associate Dean for Business Management reviews the Letter of Offer.
c) Faculty Affairs and Professional Development (FAPD) performs a preliminary verification of candidate’s terminal degree and licensure before letter of offer is processed.
d) Associate Dean for Business Management obtains Draft Non-Compete from the Office of FAPD.
e) Letter of Offer is delivered to the President, Provost and Dean of the School of Medicine, Vice Provost for Faculty Affairs and Institutional Effectiveness, Vice President for Administration and Finance and Chief Executive Officer EVMSHS for signature.
f) President, Provost and Dean of the School of Medicine, Vice Provost for Faculty Affairs and Institutional Effectiveness, Vice President and CEO sign Letter of Offer and return to the Associate Dean for Business Management.
g) The Chairman or VPDSHP sends the Letter of Offer to the candidate.
i) Candidate signs Letter of Offer accepting position, attaches signed Applicant’s Consent and Release Agreement and returns the documents to the Chairman.
j) The Chairman or VPDSHP notifies the Office of FAPD by providing the original signed acceptance letter, signed Consent and Release Agreement, completed Questionnaire for Appointment to EVMS Faculty, and EVMS formatted CV.
k) The Office of FAPD notifies the Office of Business Management and, for clinical faculty, the Health Services Credentialing Coordinator by providing copies of the above documents.
l) The Chairman or VPDSHP, Office of FAPD, and Health Services initiate the process of faculty appointment and credentialing.

C. Appointment and Credentialing Process

1. Verification of Credentials

Following receipt of the accepted Letter of Offer, signed Applicant’s Consent and Release Agreement, completed Questionnaire for Appointment to EVMS Faculty, CV on EVMS form and documentation for faculty appointment from Chairman or VPDSHP, the Office of Faculty Affairs and Professional Development (FAPD) will initiate the verification of the applicant’s credentials.

The Office of FAPD verifies the following academic credentials:

a) Degree
b) Graduate training
c) Virginia State Medical License or State Certification appropriate to the profession
d) Board Certification or eligibility

The Health Services Credentialing Coordinator verifies the following clinical credentials:

a) Virginia State Medical License or State Certification Appropriate to the Profession (copy provided by applicant)
b) DEA Certificates (Federal and State)
c) Hospital Privileges (as required for clinical activity)
The applicant is not included in the DHHS Office of Inspector General List of Excluded Individuals/Entities

The references used to verify the professional status and qualifications of all applicants for faculty appointment include:

- American Board of Medical Specialties Directory
- American Medical Directory
- World Directory of Medical Schools and the ECFMG (for graduates of foreign schools)
- State Board of Medicine
- Academic Institution awarding the degree
- Residency Training Program
- DHHS Office of Inspector General List of Excluded Individuals/Entities

Issues identified during the verification of credentials that may hinder the faculty appointment and credentialing process are brought immediately to the attention of the Chairman or Vice President and Dean of the School of Health Professions (VPDSHP), and President, Provost and Dean of the School of Medicine.

2. Faculty Appointment Process

Initial appointments at the ranks below Associate Professor are not considered by the Appointments and Promotions Committee. At these levels, appointments are approved by the Vice Provost for Faculty Affairs and Institutional Effectiveness following receipt of the appropriate materials from the Department Chair or VPDSHP. Nominations for appointment at the Associate Professor and Professor ranks are considered by the Appointments and Promotions Committee. Following is an outline of the general process for initial faculty appointment.

- Candidate submits required documents to the Department Chair or the VPDSHP.
- Department Chair or VPDSHP obtains letters of reference.
- [Optional] Nomination sent to Departmental Appointments Committee for consideration.
- [Optional] Recommendation from Departmental Appointments Committee to Chair of Department or the VPDSHP.
- Nomination package forwarded by Chair of Department or the VPDSHP to the President, Provost and Dean of the School of Medicine in care of the Office of Faculty Affairs and Professional Development.
- Nomination reviewed by the Office of Faculty Affairs and Professional Development to assure necessary information is submitted.
- Nominations at the ranks of Assistant Professor and below are considered directly by the Vice Provost for Faculty Affairs and Institutional Effectiveness.
- For the ranks of Associate Professor and Professor, the President, Provost and Dean of the School of Medicine forwards the nomination package to the Appointments and Promotions Committee in care of the Office of FAPD.
- Nomination considered by the Appointments and Promotions Committee and recommendation forwarded to the President, Provost and Dean of the School of Medicine.
- Nomination forwarded by the President, Provost and Dean of the School of Medicine to the Academic Affairs Committee for review and recommendation.
- Academic Affairs Committee forwards to Board of Visitors for approval.
l) Board of Visitors sends letter of appointment to new faculty member at the rank of Associate Professor and Professor.
m) The Vice Provost for Faculty Affairs and Institutional Effectiveness sends letter of appointment to new faculty member at the rank of Assistant Professor and below.

3. Clinical Credentialing Process

In conjunction with the faculty appointment process, clinical faculty are required to have the following before the appointment process can be finalized.

a) Virginia State Medical License or State Certification Appropriate to the Profession.
b) DEA Certificates (Federal and State)
c) Hospital Privileges (as required for clinical activity)
d) Provider Agreements with Issuance of Provider Numbers
e) Verification that the applicant is not included in the DHHS Office of Inspector General List of Excluded Individuals/Entities.

If the candidate does not have a valid License and DEA Certificates to practice medicine in Virginia, the Health Services Credentialing Coordinator will facilitate the process by assisting the candidate with obtaining and completing these applications. If Hospital Privileges are required, the Health Services Credentialing Coordinator will assist the candidate with the completion of the appropriate applications, supporting documentation, letters of reference, and process for payment of fees. Completed applications are delivered to the appropriate Hospital Medical Staff Office. The Credentialing Coordinator will monitor the status of the hospital privileges and follow-up as needed.

The Credentialing Coordinator will facilitate the process of obtaining participating Provider Agreements and Provider Numbers. The Credentialing Coordinator will deliver a partially completed provider package to the candidate with instructions for completion and request for additional information as needed. Provider package is mailed or delivered to the insurance carrier. The Credentialing Coordinator will coordinate with the EVMS Risk Management Office. The Credentialing Coordinator will monitor the status of the provider numbers and follow-up as needed.

The Health Services Credentialing Coordinator notifies the candidate, the Department Chairman or the VPDSHP when appropriate, and the Office of FAPD when the clinical credentialing process is complete.

D. Appointment Nomination Package Checklist

1. Chair or VPDSHP Letter

   a) Rank at which candidate is being proposed.
   b) Time in current rank.
   c) Descriptions of candidate’s assigned duties, job description, annual breakdown of percentage of time allocated to the following areas: education, clinical practice, research and service.
   d) Chair or VPDSHP evaluation of candidate’s ability, experience, and accomplishments in each of the four areas mentioned above.

2. Letters of Recommendation
Three external letters of recommendation requested and obtained by the Chair of the Department or the VPDSHP. For Assistant Professor level, the letters should be obtained from training directors, other faculty members at the training institution or other professionals, where appropriate, who are familiar with the candidate’s activity or expertise. For Associate and full Professor, the letters should be from individuals at an equivalent or higher rank than that for which the candidate is being proposed. In general, such letters should document a candidate’s qualifications for an appointment. Collectively, the letters should address the following points:

a) For how long and in what capacity the individual knows the candidate.
b) The candidate’s professional expertise.
c) For Assistant Professor, document the candidate’s potential in one or more of the four areas of academic activity (i.e., education, clinical practice, research and service). For Associate Professor or Professor, address accomplishments in one or more of the four areas of assigned responsibility.
d) Address recognition by peers in the candidate’s accomplished area. For Associate Professor, address how the candidate is recognized regionally or nationally. For Professor, address how the candidate is recognized nationally or internationally.

3. Curriculum Vitae and Additional Required Information

For the purpose of appointments, the candidate should provide the information requested on the EVMS Curriculum Vitae form, available from the Office of FAPD. In addition, the candidate for an unmodified rank should provide additional information not already included in the Curriculum Vitae format as required for documentation of scholarly activity as outlined in Section IV for the unmodified rank. All candidates should compile and attach a portfolio on each area (clinical practice, education, research and/or service) in which the individual has time allotted, documenting evidence of quality of teaching, assessments of clinical service and research, and contributions to the department.

4. Original Transcript of Terminal Degree

Candidate must provide an original transcript, with raised seal, from the institution that awarded his/her terminal degree (only required for full-time faculty). Clinical faculty with appropriate credentials and a medical license within the Commonwealth of Virginia are not required to provide a transcript.

E. Notification and Employment Contracting

The Office of FAPD notifies the Department Chairman or VPDSHP when the faculty appointment has been approved. The Chairman or VPDSHP receives a copy of the letter of appointment to the new faculty member. The Health Services Credentialing Coordinator notifies the candidate, the Department Chairman, and the Office of Faculty Affairs when the clinical credentialing process is complete. Final faculty employment contracts will be issued only after the entire appointment and credentialing process has been completed.

1. Faculty Employment Contracts
The Office of FAPD will initiate the completion of the faculty employment documents and issues the following documents to the new faculty member.

a) Faculty Compensation Agreement
   The Faculty Compensation Agreement will be for a fiscal year (July 1 – June 30) or a partial year in cases of mid-year appointments. The compensation details will be derived from the accepted letter of offer and other documentation as may be required to specify the applicable compensation components. The format and wording of the Compensation Agreement will be standard depending on the specific arrangements for the faculty position. The contract language and/or modifications made from time to time must be approved by the President, Provost and Dean of the School of Medicine and Vice President for Administration and Finance. The Faculty Compensation Agreement is signed by the President, Provost and Dean of the School of Medicine, Vice President for Administration and Finance, and the Department Chairman or VPDSHP.

b) Faculty Fringe Benefits
   Attachment A to Faculty Compensation Agreement. The fringe benefit attachment appropriate to the position (i.e., full or part-time, Basic or Clinical faculty) is included.

c) Standard Employment and Non-Competition Contract
   All new clinical faculty are required to sign a Standard Employment and Non-Competition Contract. This contract is made by and among the EVMS Academic Physicians and Surgeons Health Services Foundation (Health Services), the Eastern Virginia Medical School, and the clinical faculty member. The specifics of the restrictive non-competition covenant will be specified in accordance with Health Services policy. The Standard Employment and Non-Competition Contract is signed by Health Services, the President, Provost and Dean of the School of Medicine, the Vice President for Administration and Finance, and the Department Chairman or VPDSHP. The faculty member must sign and return the contract.

The Office of FAPD issues the above faculty employment contracts to the new faculty member for execution. The fully executed documents are returned to the Office of Faculty Affairs. The Office of FAPD notifies the Department Chairman or VPDSHP, and Health Services that the employment contracts are complete.

No faculty member will be placed on the payroll until the faculty appointment and credentialing and contracting procedures are completed.

In order for the Medical School to provide professional liability insurance coverage to EVMS clinical faculty, the individual must be licensed/certified by the Commonwealth of Virginia. The Commonwealth of Virginia determines specifics as to professions requiring certification or licensure. Without professional liability insurance coverage, clinical faculty cannot perform any clinical duties and responsibilities including, but not limited to, direct patient care, clinical consultations, and/or precepting fellows, residents, and students.
Provisional Appointments

For initial salaried faculty appointments only to all faculty ranks, the President, Provost and Dean of the School of Medicine may approve in emergency situations a provisional appointment provided:

1. The Department Chairman or VPDSHP must provide to the President, Provost and Dean of the School of Medicine, in writing, the reason for requesting provisional status for a potential new faculty member. The President, Provost and Dean of the School of Medicine must be given at least five (5) working days to respond with approval or disapproval.
2. The maximum provisional appointment period will not exceed three (3) months. In special situations the President, Provost and Dean of the School of Medicine may approve one extension of ninety (90) days.
3. The required clinical credentials under Section II.C.3 of the faculty handbook must be complete prior to the beginning of any clinical activity including direct patient care, consultation or preceptorship.
4. The President, Provost and Dean of the School of Medicine notifies the prospective faculty member by letter of the provisional appointment stating: a) termination date, b) that the full appointment/credentialing process must be completed by such date, and c) compensation payments will automatically cease by such date and EVMS will have no continued contractual obligation beyond such date unless a permanent appointment has been approved.
5. The non-binding offer letter (Section II.B) MUST NOT suggest the possibility of provisional appointments.
6. The provisional appointments approved by the President, Provost and Dean of the School of Medicine will each be reviewed by the President, Provost and Dean of the School of Medicine at the next Academic Affairs Committee of the Board of Visitors.
7. New Faculty will not be added to the EVMS payroll until the President, Provost and Dean of the School of Medicine has approved provisional status and the letter referred to in 4. above has been sent to the prospective faculty member. Retroactive pay (prior to the date of President, Provost and Dean of the School of Medicine’s approval) will not be granted.

G. Faculty Appointment and Credentialing Process Timeline

See President, Provost and Dean of the School of Medicine’s Procedure Memorandum – “Initial Faculty Appointment and Credentialing Process Timeline”.

III. PROMOTION PROCEDURES

A. Introduction

Each Departmental Chair and the VPDSHP should make promotion expectations explicit for each faculty member at the time of initial recruitment and appointment, with reiteration and/or modification of these expectations at subsequent annual reviews. These explicit expectations should guide faculty toward their promotion. For these expectations to be
achievable, there should be demonstrable opportunity for faculty members to allocate necessary time to these objectives, and promotion should be considered within a reasonable period of time. A faculty member’s progress toward meeting these objectives will be judged in accordance with the faculty member’s percentage of effort directed toward clinical practice, research, education, and service. Annual reviews at which Departmental Chairs and the VPDSHP meet with individual faculty to discuss faculty accomplishments, plans for the coming year, and progress toward promotion, are critical to this process. The annual meeting between Chair or VPDSHP and faculty member should result in documentation of all explicit agreements regarding allocation of effort, goals, plans, and performance expectations. At the time a candidate is proposed for appointment and/or promotion, the Chair or VPDSHP’s letter for the faculty candidate should summarize departmental expectations and goals, and clearly indicate the faculty member’s percentage of allocated effort in clinical practice, education, research, and service.

B. Time Frame

Promotion to Associate Professor usually requires between 4 and 6 years following initial appointment at the rank of Assistant Professor. Promotion to Full Professor usually occurs between 5 and 7 years after first appointment as Associate Professor. There are no time limits on these promotions.

Promotions Process

Promotions at the ranks of Instructor and Assistant Professor are not considered by the Appointments and Promotions Committee. At these levels, promotions are approved by the Vice Provost for Faculty Affairs and Institutional Effectiveness, following receipt by the President, Provost and Dean of the School of Medicine’s Office of the appropriate materials from the Department Chair or VPDSHP. Nominations for promotion at the Associate Professor or Professor ranks are considered by the Appointments and Promotions Committee. Following is an outline of the general process for promotion to all ranks.

1. Initial and annual evaluation by the Chair or VPDSHP. Documentation should include time allocation to the areas of education, clinical practice, research and service.
2. Candidate identified for promotion in a Department.
3. Candidate submits required documents to the Chair or VPDSHP.
4. Department Chair or VPDSHP obtains letters of reference.
5. [Optional] Nomination sent to Departmental Promotions Committee for consideration.
6. [Optional] Recommendation from Departmental or School of Health Professions Promotions Committee to Chair of Department or VPDSHP.
7. Nomination package forwarded by Chair of Department or VPDSHP to the President, Provost and Dean of the School of Medicine in care of the Office of FAPD.
8. Nomination reviewed by Office of FAPD to assure necessary information is submitted.
9. Nominations at the Instructor/Assistant Professor ranks are considered directly by the Vice Provost for Faculty Affairs and Institutional Effectiveness.
10. For the ranks of Associate Professor and Professor, the President, Provost and Dean of the School of Medicine forwards the nomination package to the Appointments and Promotions Committee.
11. Nomination considered by Appointments and Promotions Committee and recommendation forwarded to President, Provost and Dean of the School of Medicine.
12. Nomination forwarded by the President, Provost and Dean of the School of Medicine to the Academic Affairs Committee for review and recommendation.
13. Academic Affairs Committee forwards recommendation at Associate Professor and Professor ranks to Board of Visitors.
14. Board of Visitors sends letter of confirmation to faculty member and to Department Chair or VPDSHP.

C. Appointment Nomination Package Checklist

Chair or VPDSHP Letter

a) Rank at which candidate is being proposed.
b) Time in current rank.
c) Description of candidate’s assigned duties, job description, annual breakdown of percentage of time allocated to the following areas: education, clinical practice, research and service. Also comment on major changes, if any, in time allocation in these four areas during the candidate’s time in current rank.
d) Chair or VPDSHP evaluation of candidate’s ability, experience, accomplishments and performance (i.e., outstanding, excellent) in each of the four areas mentioned above.

Letters of Recommendation

Three external letters of recommendation requested and obtained by the Chair of the Department or the VPDSHP. For Assistant Professor level, the letters should be obtained from training directors, other faculty members at the training institution or other professionals, where appropriate, who are familiar with the candidate’s activity or expertise. For Associate and full Professor, the letters should be from individuals at an equivalent or higher rank than that for which the candidate is being proposed. In general, such letters should document a candidate’s qualifications for an appointment. Collectively, the letters should address the following points:

For how long and in what capacity the individual knows the candidate.

The candidate’s professional expertise.

For Assistant Professor, document the candidate’s potential in one or more of the four areas of academic activity (i.e., education, clinical practice, research and service). For Associate Professor or Professor, address accomplishments in one or more of the four areas of assigned responsibility.

Address recognition by peers in the candidate’s accomplished area. For Associate Professor, address how the candidate is recognized regionally or nationally. For Professor, address how the candidate is recognized nationally or internationally.

1. Curriculum Vitae and Additional Required Information

For the purpose of promotions, the candidate should provide the information requested on the EVMS Curriculum Vitae form, available from the Office of FAPD https://www.evms.edu/about_evms/administrative_offices/faculty_affairs/. In addition, the candidate for an unmodified rank should provide additional information not already
Scholarship is the generation of new knowledge or mastery and application of existing knowledge aimed to advance one of the following: (1) the understanding of basic scientific principles; (2) the practice of clinical medicine; or (3) the effectiveness of educators. Scholarship can occur in each area of faculty responsibility: clinical practice, education, research, and service. In addition, scholarship requires the dissemination of such knowledge/application for the benefit of others in a fashion that is tangible and can be peer-reviewed and documented.

2) Evidence of Scholarly Activity

Below are examples of scholarly activity. When documenting activity under each example, a faculty member should include the list of information given under each example to describe the activity fully. An alternative to listing of requested information is to provide a narrative of a contribution or activity.

a) Publications
List publications including author, title, year of publication, journal and pages. The candidate may indicate the number of times a work has been cited or other information that gives an indication of its impact.

(1) Full-length publications
   (a) Peer-reviewed articles
   (b) Non-peer-reviewed articles
      (i) Book chapters
      (ii) Reviews
      (iii) Case reports
      (iv) Articles in lay publications
      (v) Procedures/protocols
      (vi) Electronic media
   (c) Books, monographs

(2) Presented Abstracts
   (a) Peer-reviewed articles
   (b) Non-peer-reviewed articles
b) Presentations

List actual presentations, indicating whether the presentation was invited, the target audience, and whether the meeting was international, national, regional, or local.

1) Oral presentations
   (a) Plenary
   (b) Workshop
   (c) Seminars
2) Poster presentations
3) Discussant
4) Session Chairs

c) Patents

List patent applications and the status of each, providing the following:

1) Title
2) Inventors
3) Brief description
4) Disposition
5) Impact

d) Clinical Investigation and/or Clinical Trials

Indicate the level of involvement/contributions to the planning, implementation, and/or reporting beyond contributing patient care, records, etc., of each.

e) Development of Original Clinical Programs and/or Techniques

1) Brief description, including goals
2) Target population
3) Impact
4) Nature of dissemination

f) Development of Original Teaching Tools, Methods

1) Description of product, including objectives
2) Level of involvement
3) Target audience
4) Copyright status
5) Impact
6) Nature of dissemination

g) Mentoring of Future Scholars

Mentoring comprises a one-on-one relationship between a faculty member and a student, or between senior and junior faculty that is both comprehensive and time intensive. The mentor may assist the student or junior faculty in career development issues as well as regular and frequent guidance in research, education program design and implementation, clinical...
skills development, and professional values acquisition. For each mentorship, please list:

1) Level of trainee mentored
   (a) Student (if an advisory committee is involved, the candidate will indicate whether he/she was the Chair or a member of the committee)
      (i) Thesis (Dissertation)
      (ii) Non-thesis
   (b) Resident
   (c) Fellow
   (d) Visiting Scientist
2) Duration of mentoring
3) Accomplishment of scholarly activity by the trainee during the training interval
4) Current position of the trainee

h) Scholarly Involvement in Professional Societies/Organizations
   Provide the level of involvement:
   1) Officer/director of a scholarly society
   2) Membership on advisory boards
   3) Membership on editorial boards
   4) Reviewer for journal
   5) Reviewer for funding agency
   6) Member of organizing committee for a scholarly meeting

i) Consultancies

j) Serving as a Visiting Professor
   1) Site
   2) Date of visit
   3) Who invited the candidate?
   4) Contribution of candidate

k) Recognition for Scholarship
   1) Recognition
   2) Date
   3) Awarded by
   4) Award received for

B. Expertise in the Four Faculty Roles

1. Education
   a) Introduction
In the area of education, teaching is defined as time spent in direct contact with learners, by using techniques which deliver and/or reinforce information, stimulate thinking, and result in learning. Individual faculty members may distinguish themselves as teachers while others excel in the design, production, or evaluation of courses, examinations, and/or instructional materials.

b) Evidence of Expertise

The following criteria may be used to assess the teaching activities of all candidates:

1) Quantity and Type of Teaching

To indicate the amount and type of teaching done, list teaching activities by course (or other relevant unit) and date (year). If feasible, and not self-evident, indicate:

a) Type of learners;
b) Primary teaching methods used; and
c) Contact time.

2) Quality of Teaching

To substantiate the quality of teaching, the candidate should include a broad range of evidence. Examples of evidence of teaching expertise include:

a) Evidence of desired outcomes in learners: test scores; evidence of preparation or subsequent educational activities; documentation of changes in physicians’ practice patterns; etc.
b) Systematic peer reviews: by colleagues, departmental or other institutional committees, Department Chair, or peers from other institutions who have observed the teaching;
c) Systematic reviews by learners and graduates, including ratings and/or written evaluative comments;
d) Number of students who sign up for an elective;
e) Reviews by external or internal education specialists;
f) Awards received for teaching.

3) Advising

Advising comprises those activities most closely related to career counseling and supporting students in their professional development. Career counseling may encompass assistance in selection of preceptor placements and research advisors, selection of clinical electives, and decisions regarding clinical residency training and other postgraduate education programs. Documentation of advising activities includes:

a) List of formal advisees and current status;
b) List (or summary) of informal advisees;
c) Letters from former advisees acknowledging value of the advisory process;
d) Lists or examples of work performed by advisees while under the candidate’s guidance, including, where feasible, evidence of the quality of that work.

4) **Curriculum Development**

Curriculum (or program) development is the process of planning, conceptualizing, outlining, and organizing educational courses, clerkships, electives, etc., or parts thereof. While these activities are often the responsibility of course or clerkship directors, other faculty may be involved. Evidence to support curriculum development activities and expertise include:

a) List of the curricular components developed, including a description of the candidate’s role in each, with samples selected from those for which the candidate had primary responsibility;
b) Evaluation data and written comments from learners;
c) Evaluative reviews from peers, external subject matter specialists, and education specialists;
d) Dissemination of curricular materials to, and use at, other institutions;
e) Successful grant proposals involving the curricular components designed.
f) List, description, and/or samples of patient education methods or materials created.

5) **Funded Educational Projects**

The candidate will list each funded project and provide the following information for each:

a) **Title**
b) Primary or co-investigators, administrators and percent of effort
c) Concise description of aims and results
d) Source of funding
e) Site(s)
f) Dates of duration
g) Direct costs

2. **Clinical Practice**

a) **Introduction**

Candidates may distinguish themselves in the clinical arena through professional excellence, integrity, and empathy in treating patients.
b) Evidence of Expertise
The candidate should document the quantity and quality of clinical activity, and, where feasible, the impact on a target patient population.

1) Commitment to Patient Care
   a) Meeting productivity standards set by Division/Department
   b) Patient volumes
   c) Clinical hours/year, how time is spent
   d) Description of special patient or community recognition

2) Clinical Competency and Quality of Care
   a) Results of periodic patient satisfaction surveys or complaints.
   b) Patient referrals and respect from colleagues as an expert clinician.
   c) Results of periodic assessment of clinical practice by colleagues.
   d) Letters from patients, families, staff and peers
   e) Other quality assessment monitoring of clinical activity

3) Continuing Education

4) Recognition for Clinical Excellence or Practice

5) Consultant for Clinical Service to Other Institutions or Agencies

6) Demonstration of Excellence in Some Aspect of Clinical Practice Such that the Candidate's Work Advances Practice in that Area

7) Published Case Reports and Case Series

3. Research

   a) Introduction
   Candidates may carry out research that is recognized by other scholars for its contribution of new information for a field of study. The following criteria may be used to assess the research activities of candidates.

   b) Evidence of Expertise

      1) Evidence of Active and Past Research Activities
      For each, provide:
      a) Title
      b) Principal or co-investigators, administrators and percentage of effort
      c) Source of funding
      d) Site(s)
      e) Dates of duration
      f) Direct costs
2) **Documentation of Research Results**
   a) Peer-reviewed abstracts and presentations at national meetings
   b) Invited presentations at scientific symposia
   c) Publications in national and international peer-reviewed journals
   d) Invitations to write chapters on area of research expertise

3) **Consultantships**
   a) Reviewer for granting agency
   b) Editorial boards, journal reviewers
   c) Advisory committees

4) **Grants Received**
   a) Number of applications submitted
   b) Types of agencies
   c) Percentage funded

5) **Research Mentorship**
   a) Graduate students
      i. advisor (number of M.S., Ph.D.)
      ii. dissertation committees
      iii. research rotations
   b) Postdoctoral fellows
   c) Residents and fellows
   d) Medical students (summer fellows)
   e) Others (e.g., undergraduates, magnet high school students
   f) Percentage funded

4. **Service**
   a) **Introduction**
      Service encompasses a broad range of non-clinical professional activities through which faculty members advance the overall mission of their department, and/or provide personal time and service to the institution, their profession and/or the community as a whole. Service includes both leadership and active participation in various administrative committees and organizations.

   b) **Evidence of Contributions to:**
      1) **Pre- and Post-Doctoral Students**
         a) Faculty advisor, counseling
         b) Advisor to student organizations
         c) Member of student-faculty committees, ad hoc or standing
         d) Preceptorships
      2) **Department**
         a) Committees and subcommittees
         b) Administrative responsibilities
3) **Medical School**
   a) Institutional Standing Committees and subcommittees
   b) Faculty Senate
   c) Ad hoc committees and task forces
   d) Promotion of interaction with academic / non-academic institutions in the area
   e) Administrative responsibilities
   f) Participation in school-sponsored events

4) **Affiliated Hospitals or Health Institutions**
   a) Committees and subcommittees
   b) Administrative responsibilities
   c) Service on ethics board

5) **Community**
   a) Program development, symposia organization, initiation of professional meetings for community education
   b) Support and assistance to existing community groups
   c) Advisor to federal, state, and local decision-making groups
   d) Consultantships to hospitals, nursing homes, and other health care facilities
   e) Expert witness
   f) Invited presentations on area of expertise to schools, civic groups, and agencies
   g) Representing interests of institution on civic, local government, or politically appointed boards or advisory groups

V. **STANDARDS OF EXCELLENCE FOR EACH RANK**

The primary criterion for academic appointment and promotion at the Eastern Virginia Medical School is demonstrated excellence as a scholar. The Appointments and Promotions Committee recognizes that such excellence may be demonstrated in various ways, as addressed in this document.

All candidates for appointment or promotion at the rank of Assistant Professor or above will be expected to have met certain basic criteria. These are:

Candidates will hold an earned doctoral degree or equivalent, or other appropriate terminal degree in their field of expertise.

Candidates will have completed appropriate residency and/or post-doctoral fellowship programs.

Candidates involved in clinical practice will hold appropriate current board certification. Initial appointments (usually at the Assistant Professor level) may be granted to candidates not yet board certified, but continued appointment or promotion will require that board certification be obtained within an appropriate time as determined by the President, Provost and Dean of the School of Medicine with the advice of the Department Chair.
All candidates are expected to demonstrate expertise commensurate with their academic rank in all of their assigned activities (education, research, clinical practice or service). In addition, each candidate for unmodified rank must demonstrate accomplishment in scholarly activity as outlined in Section IV A. 2.

Outlined below are examples of excellence appropriate to each academic rank. It is not expected that each candidate will meet all of these standards; these standards will serve to guide faculty members and their Chairs or VPDSHP in evaluation of faculty performance and in documenting excellence for faculty recommended for appointment and promotion.

A. To Rank of Assistant Professor

Education

a. Is a regular participant in teaching activities. This may include responsibility for (but is not limited to): lectures and small group presentations to medical students, graduate students and residents; clinical bedside teaching; mentoring students; and participation in grand rounds and other continuing medical education activities.

b. Is considered an excellent teacher by students and faculty. This may be documented by student evaluations and peer review by Chairs and other faculty. Teaching awards from students and peers are noteworthy.

c. Begins to develop a local or regional reputation as a teacher. This may be documented by evaluations from participants in CME courses or by invitations to speak at local or regional CME courses and meetings. Repeat invitations are noteworthy.

d. Is a regular and effective participant in curriculum development and administration. Service on course committees, service as a course director, preparation of course syllabi, etc., on a local or regional level are appropriate.

Research

a. Develops an original research program.

b. Has peer-reviewed, first-authored publications.

Clinical Practice

a. Demonstrates competence and promise of excellence in clinical, diagnostic, procedural, or other professional work as determined by the department.

b. Considered a very good clinician by students, residents, fellows, and faculty based on formal evaluations.

c. Meets clinical productivity goals established by the department.

d. Demonstrates potential for a leadership role in a clinical service in the department or hospital.

e. Establishes a reputation and consults at local and regional levels; invited to consult or invited to speak at CME courses and meetings.

f. Has publications in peer-reviewed journals.

Services

Actively participates in medical school and hospital committees

a. Actively participates in professional/clinical organizations.
2. To Rank of Associate Professor

1. Education
   a. Demonstrates outstanding performance as a teacher and educator.
   b. Has established a regional or statewide reputation as an excellent teacher.
   c. Regular participation in regional or national meetings, conferences, or CME courses is expected. Formal evaluations by participants in such courses and meetings are expected. Repeat invitations based on excellent performance are expected.
   d. Course materials, syllabi, etc., are respected by peers at other institutions and may be used in other institutions. Candidate may be asked to serve as consultant for development or evaluation of courses at other institutions in the region.
   e. Has received teaching awards.

2. Research
   a. Has a demonstrated sphere of expertise through first/senior authorships in peer-reviewed journals.
   b. Has had continuing success in generating financial resources necessary to undertake scholarly activity.
   c. Is recognized beyond the local community as documented by national meeting presentations, key articles, invited lectures or national awards.
   d. Is a peer reviewer at the local or regional level.

3. Clinical Practice
   a. Has developed new clinical programs recognized and adapted at the local and regional level.
   b. Has significantly improved ongoing clinical activity.
   c. Has devised or implemented a new diagnostic or therapeutic procedure, instrument, or system.
   d. Has developed innovative infrastructure such as patient databases for patient tracking.
   e. Has developed clinical pathways or outcome measures utilized at the local or regional level.
   f. Is actively involved in clinical investigation and/or trials.
   g. Has appropriate publications in clinical journals.

Services

   a. Is an officer in local or regional clinical/professional society.
   b. Is a Chair of a major hospital or school standing committee.
   c. Is a member of hospital or school standing committee.
   d. Has testified before legislative bodies and/or involvement in policy-making at the local or regional levels.
   e. Has developed, organized and participated in major CME activities.

C. To Rank of Professor

1. Education
   a. Is continually recognized as an outstanding teacher and educator. Candidate should present outstanding evaluations from students, peers, and others, as appropriate. Teaching awards from students, faculty, or state or national organizations provide additional evidence of excellence.
b. Has widespread regional and national recognition for excellence as teacher or educator. Regular participation as a presenter in national review courses and professional meetings is expected.
c. Contributes to Board examination in specialty or subspecialty. Gives or administers oral examinations in specialty or subspecialty.
d. Course materials, syllabi, etc., should be widely respected by peers at other institutions. Candidates should serve as consultants in the design and evaluation of educational programs and curricula at the national level.
e. Has developed educational methods or protocols recognized at the local, regional and national level.
f. Is recognized as an authority by peers and invited to speak or chair sessions at national meetings.
g. Has had visiting professorships.
h. Provides mentoring at regional and national level.

2. Research
   a. Has continually demonstrated expertise as first/senior author in peer-reviewed journals.
   b. Has been editorial board member and peer reviewer on the national level.
   c. Has had sustained and continuing success in generating financial resources necessary to undertake scholarly activity.
   d. Is invited to speak at national specialty meetings.

3. Clinical Practice
   a. Has developed a new clinical program recognized at the regional and national level.
   b. Has significantly improved an ongoing clinical activity.
   c. Has devised or implemented a new diagnostic or therapeutic procedure, instrument or system.
   d. Has developed an innovative infrastructure such as patient databases for patient tracking.
   e. Has developed clinical pathways which are used on the local, regional or national levels.
   f. Has developed outcome measures which are used at the local, regional or national levels.
   g. Has a continuing active role in clinical investigation and clinical trials.
   h. Has had a major impact on the development of national standards for patient care.
   i. Establishes, consults and/or tracks patients on a regional, national or international level.

4. Services
   a. Is an officer/director of a scholarly society or member of an organizing committee for a scholarly meeting.
   b. Is an officer in local or regional clinical/professional society.
   c. Is an officer in national or international professional/clinical societies.
   d. Is a Chair and member on major hospital and standing school committees.
   e. Has testified before legislative bodies and/or involvement in policy-making at the regional or national level.
EASTERN VIRGINIA MEDICAL SCHOOL GUIDELINES FOR APPOINTMENT AND PROMOTION IN THE ADMINISTRATION AND SERVICE TRACK

1. Promotion Procedures

A. Introduction

Each Departmental Chair or the VPDSHP should make promotion expectations explicit for each faculty member at the time of initial recruitment and appointment, with reiteration and/or modification of these expectations at subsequent annual reviews. These explicit expectations should guide faculty toward their promotion. For these expectations to be achievable, there should be demonstrable opportunity for faculty members to allocate necessary time to these objectives, and promotion should be considered within a reasonable period of time. A faculty member’s progress toward meeting these objectives will be judged in accordance with the faculty member’s percentage of effort directed toward research, education, and service/administration. Annual reviews at which Departmental Chairs or the VPDSHP meet with individual faculty to discuss faculty accomplishments, plans for the coming year, and progress toward promotion, are critical to this process. The annual meeting between Chair or VPDSHP and faculty member should result in documentation of all explicit agreements regarding allocation of effort, goals, plans, and performance expectations. At the time a candidate is proposed for appointment and/or promotion, the Chair or VPDSHP’s letter for the faculty candidate should summarize departmental expectations and goals, and clearly indicate the faculty member’s percentage of allocated effort in education, research, and service/administration. The following are meant to be guidelines. It is at the discretion of the promotions committee to take into account that if a candidate far exceeds his or her peers in one or some of the guidelines, this can compensate for “deficiencies” in fulfilling all the requirements and provide enough weight to justify recommendation for promotion.

B. Time Frame

Promotion to Associate Professor usually requires between 4 and 6 years following initial appointment at the rank of Assistant Professor. Promotion to Full Professor usually occurs between 5 and 7 years after first appointment as Associate Professor. There are no time limits on these promotions.

Promotions Process

Promotions at the ranks of Instructor and Assistant Professor are not considered by the Appointments and Promotions Committee. At these levels, promotions are approved by the Vice Provost for Faculty Affairs and Institutional Effectiveness, following receipt by the President, Provost and Dean of the School of Medicine’s Office of the appropriate materials from the Department Chair. Nominations for promotion at the Associate Professor or Professor ranks are considered by the Appointments and Promotions Committee. Following is an outline of the general process for promotion to all ranks.

1. Initial and annual evaluation by the Chair or VPDSHP. Documentation should include time allocation to the areas of education, clinical practice, research and service.
2. Candidate identified for promotion in a Department or the School of Health Professions.
3. Candidate submits required documents to the Chair or VPDSHP.
4. Department Chair or VPDSHP obtains letters of reference.
5. [Optional] Nomination sent to Departmental Promotions Committee for consideration.
6. [Optional] Recommendation from Departmental Promotions Committee to Chair of Department.
7. Nomination package forwarded by Chair of Department or VPDSHP to the President, Provost and Dean of the School of Medicine in care of the Office of FAPD.
8. Nomination reviewed by Office of FAPD to assure necessary information is submitted.
9. Nominations at the Instructor/Assistant Professor ranks are considered directly by the Vice Provost for Faculty Affairs and Institutional Effectiveness.
10. For the ranks of Associate Professor and Professor, the President, Provost and Dean of the School of Medicine forwards the nomination package to the Appointments and Promotions Committee.
11. Nomination considered by Appointments and Promotions Committee and recommendation forwarded to President, Provost and Dean of the School of Medicine.
12. Nomination forwarded by the President, Provost and Dean of the School of Medicine to the Academic Affairs Committee for review and recommendation. Academic Affairs Committee forwards recommendation at Associate Professor and Professor Ranks to Board of Visitors.
13. Board of Visitors sends letter of confirmation to faculty member and to Department Chair or VPDSHP.

2. GUIDELINES FOR DIFFERENT RANKS

A. Instructor
- Works collaboratively with students, faculty, and staff to accomplish the goals of a program or grant project
- Serves on Divisional or Department committees
- Serves on committee in professional organizations or boards of health care organizations
- Documents satisfaction with administrative activities by peer or supervisor evaluations.
- Maintains competence in area of expertise through continuing education

B. Assistant Professor
- Documents excellent administrative skills through peer and supervisor evaluations
- Enhances professional knowledge in areas important to administration and service
- Promotes and models collegiality and interdisciplinary approaches to administration and service
- Serves on Divisional, Department, School Committees
- Is invited to speak at local, state, or national meetings on professional issues
- Effectively demonstrates and communicates administrative skills to students
- Develops innovative approaches to solving administrative and professional problems

C. Associate Professor
- Documents excellence in administrative services through self, peer, and supervisor evaluations.
- Serves as an officer or committee chair in a local or state professional organization
- Is invited to speak at local, state or national meetings on issues related to professional administrative and service.
- Assumes a leadership position in the Division or Department in administration
- Serves as a mentor for students in professional administration and service
- Conducts workshops on professional leadership and administration
- Publishes articles on innovative approaches to administration or on important professional issues in peer-reviewed journals or books
- Receives funding to support innovative administrative or service projects
D. Full Professor
- Publishes articles in peer-reviewed journals that make a significant and lasting contribution to the profession.
- Is invited to speak at national meetings on professional leadership, service or administration.
- Serves in a leadership role in national professional organizations.
- Serves as a consultant outside of the institution.
- Is recognized as an effective mentor to students and faculty.
- Serves in a leadership role on Departmental, or EVMS committees related to administration.
- Establishes a consistent record of excellence in professional leadership and administration.
- Receives national recognition for administrative or service contributions.

3. DEFINITIONS

A. PROFESSIONAL SERVICE:
- Consultantships to governments, health policy groups, health advocacy groups, national/international public health organizations, health services research and policy organizations.
- Identification and coordination of responses to health needs in the surrounding communities, the District, and the nation, including increasing public awareness of disease prevention and health maintenance, organizing the provision of continuing education to practicing health care professionals, and devising strategies to provide health care to underserved and underfinanced populations.
- Initiation of or participation in health care delivery and/or research that is oriented to rural populations, minority or geriatric populations, or any other targeted population with documented health care needs.
- Leadership in national/international groups dealing with health care policy, health care planning, health care reform, and health care legislation.
- Evidence of a positive impact on communities and populations.
- Leadership and active participation in continuing education to health professionals at the local, regional, or national level.

B. PUBLIC SERVICE:
- Community-based service, including guest lecturers and/or preparation of materials for paraprofessionals and/or health professionals.
- Consultation, education, and public speaking outside the university that brings credit to the university.

C. INSTITUTIONAL SERVICE (DIVISION, DEPARTMENT, SCHOOL):
- Participation or leadership in divisional, departmental, hospital, school, and/or university committees.
- Contributions to the academic management of the division, department, school, and/or medical center, including recommending or developing, for example, policy that relates to faculty affairs, student affairs, academic records, and academic fiscal activities.
- Direction of a section, service, or laboratory considered to benefit the division, department, hospital, school, medical center and/or university.
JOINT FACULTY APPOINTMENTS

This is an appointment an individual faculty member may hold in addition to the academic department of primary faculty appointment. An individual may not hold academic rank in a secondary appointment higher than that in the primary appointment.

ADJUNCT FACULTY APPOINTMENTS AND PROMOTION POLICY

EVMS benefits from the expertise of faculty employed by other academic institutions that are regionally accredited (e.g., Old Dominion University, Norfolk State University, William & Mary, Virginia Wesleyan, and Hampton University) and who are participants in EVMS academic programs. Extending adjunct appointments to faculty of those institutions on a reciprocal basis is an effective and appropriate mechanism for recognizing and encouraging collaboration in education and research endeavors. The purpose of this policy is to streamline the process for making adjunct appointments based on an acceptance of the faculty review processes at the faculty member’s home institution and to eliminate the requirement for external letters of support/recommendation for full-time faculty members at a regionally accredited institution. The policy recognizes that these institutions already extend similar courtesies to EVMS faculty.

1. For initial appointment, the EVMS department chair or VPDSHP recommends the appointment to the President, Provost and Dean of the School of Medicine after consultation with the program director and faculty of the department in care of the Office of FAPD. The candidate must complete the EVMS Curriculum Vitae form, which is available from the Office of FAPD. If the President, Provost and Dean of the School of Medicine approves the appointment, he/she notifies the faculty member and the department chair or VPDSHP. The faculty rank at EVMS will be commensurate with the faculty rank at the faculty member’s home institution.

2. For promotion based on a promotion received at the faculty member’s home institution, a letter and updated CV must be submitted by the appropriate EVMS department chair or VPDSHP to the President, Provost and Dean of the School of Medicine documenting the rationale for promotion. The candidate must complete the updated EVMS Curriculum Vitae form. If the President, Provost and Dean of the School of Medicine approves the promotion, he/she notifies the faculty member and the department chair or VPDSHP.

EMERITUS FACULTY APPOINTMENTS

A faculty member, upon retirement, may be granted the title EMERITUS by action of the Board of Visitors.

Eligibility

- The title emeritus/emerita faculty may be awarded upon retirement for distinguished or exceptional service and outstanding dedication to the Medical School
• Normally, eligibility is limited to faculty members who have retired at the rank of professor or associate professor and who have served the medical school for a period of not less than ten consecutive years prior to retirement.

• To be eligible for an appointment, a faculty member shall be nominated to the President, Provost and Dean of the School of Medicine by the Chair or VPDSHP, and with the concurrence of the departmental or School of Health Professions faculty. The nomination then requires approval by the President, Provost and Dean of the School of Medicine before submission to the Board of Visitors by the President, Provost and Dean of the School of Medicine.

Privileges

Emeritus appointments carry the following lifetime privileges:

• Use of the library as a faculty member
• Attendance at faculty meetings (non-voting), receptions, banquets, and academic processions, including commencement
• Listing in medical school publications on the same basis as active faculty
• Receipt of all medical school informational publications that are received by active faculty
• Attendance at lectures, seminars, conferences, etc. and use of medical school facilities, including parking lots, on the same basis as active faculty
• Office and laboratory space, on a temporary, space-available basis, but priority will be given to active faculty, staff, and students when space is limited.

APPOINTMENT AND CONTRACTS FOR FACULTY WITHOUT TENURE

A. The Board of Visitors, with the recommendation of the President, Provost and Dean of the School of Medicine, may appoint faculty without tenure for a term not to exceed three (3) years, as follows:

1. Instructors without tenure shall be appointed for a term of one (1) year or less.

2. Assistant Professors without tenure shall be appointed initially for a term of one (1) year or less.

3. Assistant Professors without tenure who have previously served for one probationary term at this Medical School may thereafter be appointed for one (1) or more terms of two years each.

4. Associate Professors without tenure shall be appointed for one (1) or more terms of three (3) years each.

5. Full Professors without tenure shall be appointed to one (1) or more terms of three (3) years each.

B. Annual Compensation for non-tenured faculty shall be made on a fiscal year basis from July 1 to June 30.

C. Renewal of contractual appointments for non-tenured faculty appointed for one (1) year or less shall be made by December 31 of such employment year.
D. Renewal of contractual appointments for non-tenured faculty with term appointments for more than (1) year shall be made by December 31 of the last year of such term appointment.

E. Contractual appointments made after July 1 but before December 31 of the appointment term shall be counted as one (1) year for the purpose of qualifying Assistant Professors for advancement toward tenure as provided in sections A-2 and A-3 above.

F. Contractual faculty without tenure shall be subject to dismissal during the term of their appointment on any of the grounds specified on pages 31 and 32, or as may be specified in the Faculty Handbook.

TENURE

A. Definition of Tenure

1. Tenure relates to faculty rank and salary and is the status granted to qualified faculty members which is reviewed at five-year intervals and which protects faculty from dismissal, except for:

   a. Cause, as determined by formal hearing, and as hereinafter specified on page 32; or

   b. Reallocation of institutional resources, when determined as hereinafter specified beginning on page 32, or

   c. Severe institutional financial distress, when determined as hereinafter specified beginning on page 33.

2. Tenure: Basic Science Departments. Subject to the respective terms of service requirements set forth in section C, full-time faculty in the Basic Science Departments at the rank of Associate Professor or Professor are eligible to be considered for tenure and with full base salary. Full base salary is defined as the current level of compensation (not including incentive or bonus pay) for a faculty member, but not to exceed the average salary of the tenured faculty within the relevant rank and department.

3. Tenure: Clinical Science Departments. Subject to the respective terms of service requirements set forth in section C, full-time faculty in the Clinical Science Departments (including Pathology) at the rank of Associate Professor or Professor are eligible to be considered for tenure. For the purposes of tenure, the base salary for clinical faculty is defined as the current average base salary support provided to the appropriate rank and department by the Medical School.

4. The word “current” and the phrase “average salary of tenured faculty” in sections A-2 and A-3 above refer to the level of compensation whenever severe institutional financial distress might be invoked, as specified on page 33.

5. The ceiling for the number of tenured positions for full-time faculty is established by the President, Provost and Dean of the School of Medicine’s Executive Committee and the President, Provost and Dean of the School of Medicine from time to time with the approval of the Board of Visitors.
Criteria for Tenure Appointment

1. The Medical School, to encourage all faculty members to achieve excellence in major academic activities, may award tenure to faculty members at the rank of Associate Professor or Professor, provided a departmental or School of Health Profession tenure position is available in the appropriate department or School of Health Professions and the Chair or VPDSHP so recommends.

2. The criteria used for awarding tenure include a higher level of effectiveness in four (4) areas:
   a. Research and publication;
   b. Teaching;
   c. Patient care; and
   d. Administration.

3. The applicant must demonstrate excellence in at least two of the foregoing four (4) areas.

4. The Chair or VPDSHP must demonstrate that there is a need for the knowledge and skills of the candidate in the departmental/school program, and that such knowledge and skills will enable the department/school to substantially assist the Medical School to achieve its mission.

C. Length of Service Requirements for Tenure Appointment

1. Initial appointees at the rank of Associate Professor (and faculty members promoted to the rank of Associate Professor) may be considered for tenure after three (3) years of service as Associate Professor at this Medical School.

2. Initial appointees at the rank of Professor may be considered for tenure at that rank after two (2) years of service as Professor at this Medical School.

3. Chairs or the VPDSHP at the professorial level may be considered for tenure at the time of initial appointment.

4. The foregoing probationary periods may be modified or waived upon recommendation of the Departmental Chair or VPDSHP and with the concurrence of the Tenure Committee, the President, Provost and Dean of the School of Medicine, and the Board of Visitors. After the passage of these probationary periods of appointment and review, tenure may be granted or the faculty member may remain on a term contract basis with the institution applicable to all other non-tenured faculty.

D. Post-Tenure Review

1. All tenured faculty will undergo a post-tenure review at five-year intervals. The criteria for evaluation and approval of tenure for an additional five-year period are as specified below but will also include an assessment with documentation by the Department Chair or VPDSHP of whether the tenured faculty member’s performance was consistent with
the criteria for tenure. For a Department Chair or VPDSHP, post-tenure review will include an assessment with documentation by the President, Provost and Dean of the School of Medicine of whether the tenured Chair or VPDSHP’s performance was consistent with the criteria for tenure.

2. Should tenure not be awarded after review, faculty will have a grace period not exceeding two years to redress tenure deficiencies. If after this grace period, the faculty member cannot redress his/her deficiencies, contractual obligations as outlined in “Policies and Procedures for Contractual Faculty Without Tenure Holding Term Appointments”, shall apply.

E. Tenure Committee and Initial and Post-Tenure Review Appointment Procedures

1. The Tenure Committee shall be appointed by the President, Provost and Dean of the School of Medicine and shall consist of nine (9) tenured faculty members who serve for three-year terms. Four (4) of the members shall be recommended by the President, Provost and Dean of the School of Medicine’s Executive Committee and four (4) of the members shall be recommended from the general faculty by the Faculty Senate. One (1) member shall be appointed by the President, Provost and Dean of the School of Medicine.

2. Each nomination for an initial review of faculty tenure status must originate with a letter from the Department Chair or VPDSHP addressed to the President, Provost and Dean of the School of Medicine for consideration of submission to the Appointment and Promotions Committee to ensure that faculty nominated for tenure meet the guidelines for promotion/rank. Upon approval of the Appointments and Promotions Committee, the nomination will be sent to the Tenure Committee for approval or disapproval. Recommendations of the Tenure Committee will be sent to the President, Provost and Dean of the School of Medicine as outlined in E-2 above.

3. Each nomination for post-tenure review must originate with a letter from the Department Chair or VPDSHP addressed to the President, Provost and Dean of the School of Medicine for submission to the Tenure Committee. Recommendations of the Tenure Committee shall be submitted to the President, Provost and Dean of the School of Medicine as outlined in E-2 above.

4. Each letter of nomination should contain the following documentation.

   a. Description and evaluation of the candidate’s teaching abilities and responsibilities.

   b. Evaluation of the quality, originality, and significance of the candidate’s research. A description of work in progress and relevant sources of funding should be included.

   c. Description and evaluation of administrative and other services to the department and the Institution.

   d. Description of the role of the candidate in the department’s program and the effect of the Institution’s long-term commitment to the faculty member on the balance of skills required for a well-ordered department.
e. For faculty undergoing Post-Tenure review, the Chair or VPDSHP’s letter should outline the basis for the original (or previous) award of tenure and the faculty member’s accomplishments in this regard.

f. Letters from faculty/students of EVMS knowledgeable of the faculty member’s qualifications should accompany the letter of the Chair or VPDSHP. In addition, a list of four professional colleagues, external to EVMS, knowledgeable of the candidate’s qualifications should be provided. The President, Provost and Dean of the School of Medicine will contact at least two of them for recommendation relating to the nominee’s candidacy for tenure. The President, Provost and Dean of the School of Medicine will also have the option of contacting additional external faculty for recommendations.

g. Summation of the grounds on which the recommendation is based.

GROUND FOR DISMISSAL OF FACULTY

The appointment of tenured and non-tenured faculty may be revoked and terminated and the faculty member dismissed from the faculty during the term of his appointment for any one of the following reasons or grounds.

A. Dismissal for “Just Cause”

Adequate cause for a dismissal will be related, directly and substantially, to the fitness of the faculty member in his/her professional capacity as a teacher, researcher, or provider of patient care. Dismissal will not be used to restrain the faculty member in the exercise of academic freedom or other rights of an American citizen.

Faculty members holding tenured or non-tenured faculty appointments may be dismissed during the term of their appointment for “Just Cause” only after a hearing conducted by their Department Chair or VPDSHP with a right of appeal through the grievance process as specified in the Policies and Procedures Manual. “Just Cause” is defined as any act or patterns of behavior considered to be seriously detrimental to the interests of the Medical School, its faculty, its students, or its employees, including, but not limited to, the following:

1. Neglect of duty, including, but not limited to, serious violation of faculty rules for governance or corporate by-laws, rules, and regulations.

2. Violation of generally accepted standards of professional ethics.

3. Material breach of contract with the Medical School.

4. Conviction of a crime deemed to render the faculty member unfit to carry out his or her professional activities.

5. Professional incompetence.

6. Refusal to perform legitimate work assigned by the faculty member’s supervisor, Department Chair or VPDSHP, as specified in the annual letter of agreement.
B. Dismissal Because of Reallocation of Institutional Resources

Faculty members holding tenure may be terminated and/or faculty holding non-tenured appointments may be terminated during the term of their appointments in the event the institution is confronted with the need to reallocate institutional resources due to changes in institutional programs, facilities, policies, goals, or purposes. Dismissals and terminations necessitated by such reallocation of institutional resources shall be processed in accordance with the following procedures:

1. In the event programmatic changes in the institution’s activities are determined by the President, Provost and Dean of the School of Medicine to be of sufficient magnitude to require the termination of non-tenured faculty contracts or the termination of tenured faculty positions, the President, Provost and Dean of the School of Medicine will present such determination and recommendation to the President, Provost and Dean of the School of Medicine’s Executive Committee and will make a copy available to the Faculty Senate and to the Council of Chairs.

2. After an appropriate period for communication of faculty concerns, the President, Provost and Dean of the School of Medicine’s Executive Committee will consider the President, Provost and Dean of the School of Medicine’s determination and recommendation. Should the President, Provost and Dean of the School of Medicine’s Executive Committee concur with the President, Provost and Dean of the School of Medicine’s determination and recommendation that programmatic changes are appropriate and should involve the termination of non-tenured faculty during the term of their appointment and/or the termination of tenured faculty positions, then the President, Provost and Dean of the School of Medicine will follow the same procedures and apply the same factors for selecting specific faculty positions for termination (with appropriate participation by the President, Provost and Dean of the School of Medicine’s Executive Committee and the Board of Visitors) as are applicable in the case of dismissal of faculty because of severe institutional financial distress, as specified in section C. Should the President, Provost and Dean of the School of Medicine’s Executive Committee not agree, then the procedure specified in section C-3 will apply.

3. Neither tenured faculty nor non-tenured faculty during their term of appointment will be dismissed until the President, Provost and Dean of the School of Medicine has given due consideration to the practicality of placing dismissed faculty in another department or facility of the Medical School.

Dismissal for Severe Institutional Financial Distress

Faculty members holding tenure and non-tenured faculty during the term of their appointment may be dismissed in the event EVMS is confronted with a “severe institutional financial distress”, but only after such distress has been determined to exist in accordance with the following procedures:

1. In the event the President, Provost and Dean of the School of Medicine determines that, in his/her opinion, a financial situation exists which places the institution in such financial jeopardy that the termination of tenured and non-tenured faculty positions may be necessary, then the President, Provost and Dean of the School of Medicine shall discuss such financial condition with the President, Provost and Dean of the School of Medicine’s Executive Committee and the Faculty Senate.

2. In the event the President, Provost and Dean of the School of Medicine’s Executive Committee, after consultation with the Faculty Senate, concur that termination of non-tenured faculty
contracts and/or termination of tenured faculty positions should solely (and/or in addition to other solutions) be involved in eliminating such financial distress, then the President, Provost and Dean of the School of Medicine, in consultation with individual Department Chairs or the VPDSHP, will proceed to make the decision concerning which, if any, non-tenured faculty will be subject to termination and which, if any, tenured faculty will be terminated.

3. In the event the President, Provost and Dean of the School of Medicine’s Executive Committee does not concur with the President, Provost and Dean of the School of Medicine that a severe institutional financial distress exists, then a special meeting of the President, Provost and Dean of the School of Medicine’s Executive Committee, the President, Provost and Dean of the School of Medicine, and the Board of Visitors will be convened to fully consider whether or not there exists a severe institutional distress requiring tenured and/or non-tenured faculty positions to be terminated. The decision of the Board following such joint meeting will be final.

4. The determination of which non-tenured faculty positions shall be terminated and/or which tenured faculty positions shall be terminated will be made by the President, Provost and Dean of the School of Medicine, whose decision shall be final. A report of the President, Provost and Dean of the School of Medicine’s decision shall be made to the President, Provost and Dean of the School of Medicine’s Executive Committee, and the President, Provost and Dean of the School of Medicine’s decision will be reported for approval to the Board of Visitors.

5. In arriving at his decisions with respect to the termination of non-tenured faculty positions and/or the termination of tenured faculty positions, the President, Provost and Dean of the School of Medicine will take into consideration at least the following factors:
   a. Tenure (in no case will tenured faculty be terminated in favor of retaining a faculty member without tenure in the same department);
   b. Time remaining on non-tenured faculty members’ term contracts;
   c. Seniority;
   d. Performance evaluations;
   e. Education, research, and patient care needs of the institution.

SABBATICAL LEAVE

Sabbatical leave may be provided for members of the faculty holding Associate Professor or Professor ranks.

A faculty member is eligible for sabbatical leave after every sixth year of continuous service on the faculty of the Eastern Virginia Medical School. The period of service is to be calculated from the time of first appointment to the full-time faculty with a minimum rank of Assistant Professor. Sabbatical leaves are not awarded automatically after six years of service, but are awarded on the basis of individual merit.

Compensation
The compensation during a sabbatical will be either at the 100% rate for leaves of six months or less or 50% rate for leaves of seven to twelve months. Funding of the base salary while on such sabbatical will be derived from the same funding sources at that paid to the faculty member while not on sabbatical except that any salary component of a faculty member's base salary that is derived from extramural research funds will instead be derived from other EVMS funds. All medical school benefits will remain in force during a sabbatical leave. The faculty member will be responsible for paying his/her portion of the premiums.

Activities during Sabbatical Leave

The privilege of a sabbatical may be extended to a faculty member for the purpose of enriching academic talents relative to his/her functions at EVMS. A sabbatical is, therefore, intended to permit a faculty member to perfect or acquire techniques in teaching, research or patient care, either in the faculty member's original discipline or in a new area in which he/she proposes to embark. Work in a research laboratory, clinical training at another medical center or medical school or the pursuit of formal courses in an accredited institution of higher education in a relevant discipline are appropriate activities for sabbatical leaves. The writing of books or original papers is also an appropriate justification.

Approval of Request for Sabbatical Leave

Sabbatical applications for any part of the school year must be submitted at least nine months in advance of the start of the leave. Applications are to be submitted to the Department Chair who recommends the request to the President, Provost and Dean of the School of Medicine, giving assurance that the faculty member's activities will be adequately covered without additional cost to the department's medical school budget and justifying the faculty member's need for such a leave.

Upon Conclusion of the Sabbatical Leave

Recipients of sabbatical leave are required to return to full-time service of EVMS for at least one academic year. Failure to return to EVMS service for one academic year shall create an obligation for the faculty member to pay EVMS an amount equal to the compensation the faculty member received from EVMS on a month for month basis. For example, if a faculty member was granted a sabbatical leave of one year, but only returned to EVMS for six months, the faculty member would incur an obligation to pay EVMS an amount equal to six months compensation. Faculty must submit a report of the activities during the sabbatical to the Department Chair or VPDSHP, and to the President, Provost and Dean of the School of Medicine upon completion of the sabbatical leave.

FACULTY RIGHTS, ETHICS, AND RESPONSIBILITIES

ACADEMIC FREEDOM

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

Academic freedom is essential to these purposes and applies to both teaching and research. Freedom in research is fundamental to the advancement of truth. Academic freedom in its teaching aspect is fundamental for the protection of the rights of the teacher in teaching and of the student to freedom in learning. It carries with it responsibilities correlative with rights.
The teacher is entitled to full freedom in research and in the publication of the results, subject to the adequate performance of other academic duties, but publication or research for pecuniary return should be based upon an understanding with the authorities of the institution.

The teacher is entitled to freedom in the classroom in discussing the subject, but should be careful not to introduce into the teaching matter which has no relation to the subject, nor should the teacher fail to present the subject matter of courses as announced to students and as approved in setting up the appropriate curriculum.

The college or university teacher is a citizen, a member of a learned profession, and an officer of an educational institution. When speaking or writing as a citizen, the teacher should be free from institutional censorship or discipline, but one's special position in the community imposes special obligations. Faculty members should remember that the public may judge the teaching profession and the institution by faculty comments. Hence, faculty should at all times be accurate, should exercise appropriate restraint, should show respect for the opinions of others, and should make every effort to indicate that they are not speaking on the behalf of the institution.

**REGULATION OF OFF-CAMPUS SPEAKERS INVITED BY ORGANIZED STUDENT AND FACULTY GROUPS RECOGNIZED BY THE PRESIDENT, PROVOST AND DEAN OF THE SCHOOL OF MEDICINE**

The freedoms of speech and assembly guaranteed by the First and Fourteenth Amendments to the United States Constitution and the Constitution of the Commonwealth of Virginia shall be enjoyed by the students and faculties of the Eastern Virginia Medical School (EVMS) with respect to the opportunity to hear off-campus, or outside or inside speakers or groups at EVMS. Free discussion of subjects of either a controversial or noncontroversial nature shall not be curtailed merely because of their content.

However, as there is no absolute right to assemble or to make or hear a speech at any time or place regardless of the circumstances, content of speech, purpose of assembly, or probable consequences of such meeting or speech, the issuance of invitations to outside speakers shall be limited in the following particulars, but only in the manner set forth herein:

A request to invite an outside speaker will be considered only when made by an organized student or faculty group, which is recognized by the President, Provost and Dean of the School of Medicine of EVMS.

No invitation by such organized group shall be issued to an outside speaker without prior written concurrence by the President, Provost and Dean of the School of Medicine, or his/her authorized designee, for scheduling of speaker dates and reservation of campus facilities.

Any speaker request shall be made in writing to the President, Provost and Dean of the School of Medicine, or his/her authorized designee by an officer of the student or faculty organization desiring to sponsor the proposed speaker not later than ten calendar days prior to the date of the proposed speaking engagement. This request shall contain the name of the sponsoring organization, the proposed date, time and location of the meeting, the expected size of the audience and topic of presentation. Any request not acted upon the President, Provost and Dean of the School of Medicine, or his/her authorized designee, within four days after submission shall be deemed granted.
A request made by a recognized student or faculty organization, may be denied if the President, Provost and Dean of the School of Medicine, or his/her authorized designee determines, after proper inquiry, the proposed speech will constitute a clear and present danger to EVMS's orderly operation by the speaker's advocacy of such actions as:

The violent overthrow of the government of the United States, the Commonwealth of Virginia, or any political subdivision thereof;

The willful damage or destruction, or seizure and subversion, of EVMS's buildings or other property; or

The forcible disruption or impairment of, or interference with EVMS's regularly scheduled classes or other educational functions; or

The physical harm, coercion, intimidation, or other invasion of lawful right of EVMS's officials, faculty members or students; or

Other campus disorder of a violent nature. In determining the existence of a clear and present danger, the President, Provost and Dean of the School of Medicine, or his/her authorized designee, may consider all relevant factors, including whether such speaker has previously incited violence resulting in the destruction of property of any educational or research institution or has willfully caused the forcible disruption of regularly scheduled classes, education functions, or research activities at any such institutions.

a) Where the request for an outside speaker is granted and the speaker accepts the invitation, the sponsoring organization shall inform the President, Provost and Dean of the School of Medicine or his/her authorized designee, in writing immediately of such acceptance. The President, Provost and Dean of the School of Medicine, or his/her authorized designee, may, at his/her discretion, require that the meeting be chaired by a member of EVMS's administration or the EVMS faculty, and he/she may further require a statement be made at the meeting that the views presented are not necessarily those of EVMS or of the sponsoring group. By acceptance of the invitation to speak, the speaker shall assume full responsibility for any violation of law committed by him/her while on the EVMS campus and shall leave the EVMS facilities used in the same condition as they were found.

STUDENT-FACULTY RELATIONSHIP AND PROVISION OF HEALTH CARE

Background
EVMS places a high value on protecting the student-faculty relationship that is a hallmark of higher education. Because clinical faculty may periodically provide health care services to EVMS students, the institution recognizes that provision of care could jeopardize the student-faculty relationship. This could be especially problematic in situations in which the treating faculty member also serves in an educational capacity, such as a course or clerkship director. Furthermore, it is essential that protected health information always be maintained separately from a student’s academic records.

Policy
Students and faculty have the right and are encouraged to request that a change be facilitated in either the provision of care or the educational experience if one or both parties conclude that circumstances may impede the student-faculty educational relationship.

Procedure
Students or faculty initiating request for such a change should contact the Associate Dean for Education (for medical students) or their Program Director (for health professions students) and explain the circumstances. The Associate Dean for Education or the Program Director will then make a determination as to whether or not a change is warranted, and take such steps as deemed appropriate to resolve the situation. As a general rule, the preferential resolution will result in changing an aspect of the educational component if possible (e.g., assigning a student to a different preceptor and/or facility) so as to avoid disrupting a student’s continuity of care. The matter will be treated in a confidential manner, and the student and faculty member will be notified by the proper official as soon as an arrangement has been finalized.

Approved by EVMS Board of Visitors 2/10/09

STANDARDS OF CONDUCT FOR THE TEACHER- LEARNER RELATIONSHIP

The EVMS School of Medicine and School of Health Professions are committed to maintaining a positive environment for study and training, in which individuals are judged solely on relevant factors such as ability and performance, and can pursue their educational and professional activities in an atmosphere that is humane, respectful and safe. As such, student and resident/fellow mistreatment is destructive of these fundamental principles and will not be tolerated within the EVMS community and its affiliated learning sites.

EVMS defines mistreatment as behavior that shows disrespect for learners and interferes with their respective learning process. Such behavior may be verbal, emotional, or physical. When assessing behavior that is perceived as mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Provision of healthcare is inherently stressful. Medical and health professions student training is a rigorous process where the welfare of the patient is the primary focus and that, in turn, may impact behavior in the training setting.

Reflective of this philosophy, all EVMS faculty, including community faculty, will abide by the Association of American Medical Colleges Compact between Teacher and Learners of Medicine, modified to be inclusive of the School of Health Professions faculty and students, and referred to as The Compact.

COMPACT BETWEEN TEACHERS AND LEARNERS OF MEDICINE AND HEALTH PROFESSIONS

Preparation for a career in medicine or health professions demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that undergird the relationship between professionals and patients that sustain the health care profession as a moral enterprise. Likewise, professional training entails both formal education in a specific discipline and an apprenticeship in which the graduate student trains under the supervision of investigators who are qualified to fulfill the responsibilities of a mentor. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the medical and health professions inculcate their ethical values.

Guiding Principles

- **Duty.** Medical and health professions educators have a duty not only to convey the knowledge and skills required for delivering their profession’s contemporary standard of care or research, but also to inculcate the values and attitudes required for preserving their profession’s social contract across generations.
Integrity. The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

Respect. Fundamental to the ethic of medicine and health professions is respect for every individual. Mutual respect between learners, as novice members of a profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher–learner relationship, teachers have a special obligation to ensure that students and residents/fellows are always treated respectfully.

Commitments of Faculty

- We pledge our utmost effort to ensure that all components of the educational program for students and residents/fellows are of high quality.
- As mentors for our student and resident/fellow colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- We respect all students and residents/fellows as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident/fellow.
- We pledge to uphold the duty hour requirements for students and residents/fellows as stipulated in the applicable accreditation standards.
- In nurturing both the intellectual and the personal development of students and residents/fellows, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
- We do not tolerate any abuse or exploitation of students or residents/fellows.
- We encourage any student or resident/fellow who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.

Commitments of Students and Residents/Fellows

- We pledge our utmost effort to acquire the knowledge, skills, attitudes, competencies, and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- We pledge to respect all faculty members, and all students and residents/fellows as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- As physicians or health professionals in training, we embrace the highest standards of our profession and pledge to conduct ourselves accordingly in all of our interactions with patients and/or colleagues and staff.
- In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents/fellows in meeting their professional obligations as well.


Reporting of Student Mistreatment
Students are encouraged to report incidences of mistreatment via four avenues:

- Notify clerkship or program director, or departmental chair
- Notify a Dean: the Dean of the School of Health Professions, Associate Dean for Medical Education, or Assistant Dean for Student Affairs
- Report the incidence on a course/clerkship evaluation
- Report anonymously using Alertline at 1-877-874-8416 or https://evms.alertline.com/gcs/welcome. This mechanism can be used to report mistreatment by staff members of EVMS or affiliate institutions as well.

**Reporting of Resident/Fellow Mistreatment**

- Notify residency director or departmental chair
- Report anonymously using Alertline at 1-877-874-8416 or https://evms.alertline.com/gcs/welcome

If deemed appropriate, reports will be investigated by Human Resources (for faculty, residents/fellows, or staff accused), by the Assistant Dean for Student Affairs (for students accused), or by a departmental chair (for community faculty accused).

**Retaliation and False Claims**

Retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding is prohibited. Alleged retaliation will be subject to investigation and may result in disciplinary action up to and including termination or expulsion.

A person who knowingly makes false allegations of mistreatment, or who knowingly provides false information in a mistreatment investigation or proceeding, will be subject to disciplinary action and, in the case of students, will be considered a violation of the Honor Code.

**CONFLICT OF INTEREST**

The following four-part policy addresses potential conflicts of interest involving the medical school, its officers, employees and agents. The four broad areas covered are business matters, academic matters, sponsored research and consulting.

**Business Matters**

**Purchasing**
The Eastern Virginia Medical School does not enter purchasing contracts with students, faculty, staff or members of their immediate families other than those who are specified in the conditions of employment. If an unusual situation arises which might warrant consideration of such a transaction, it must be reviewed and approved by the Vice President for Administration and Finance or designee.

Acquisitions from a business in which an employee has an interest are prohibited unless full disclosure of the background facts is presented in writing to the Materials Management Department and approved by the Vice President for Administration and Finance.

**Gifts**
It is the policy of the Eastern Virginia Medical School to refuse gifts or gratuities offered in connection with the purchasing function. Medical School faculty and staff may not accept personal gifts or gratuities from any current or potential supplier of goods or services to the Medical School.

Sales
The medical school does not sell goods, materials, or services to its employees for their personal use except for items which are normally sold or services provided by the medical school bookstore, food services, or activities provided by our health care system.

Refer also to the Financial Affairs Policy and Procedures Manual, Section 2.10.3.

Academic Matters

Tutoring
As a matter of professional practice, it is understood that no member of the faculty shall accept payment for tutoring any EVMS student. When it is desirable to recommend that a student seek the help of a tutor, the student may be referred to the Chair of the department or VPDSHP offering the work in which help is needed. The Chair of the department or VPDSHP can recommend a qualified tutor who is not a member of the faculty.

Teaching
Full-time faculty members and other employees are not permitted to teach for additional compensation at other institutions during the academic year other than individual lectures, except with the approval of the President, Provost and Dean of the School of Medicine.

Faculty Produced Teaching Materials
The medical school encourages faculty to produce text materials, experimental textbooks, and laboratory manuals designed for the medical school's curricular program.

Whenever it is possible to absorb the production costs of medical school printed material in the department's budget, the materials should be given to the student without charge. However, when the production costs of medical school printed material exceed budget, it is permissible to sell such materials to students through the EVMS Matthews Bookstore at a price designed to recover only the cost. The author(s) or department may not receive royalties or other compensation from the sale of such material to our students.

Another method of production is the assumption of initial full publication costs by EVMS and sale through the Matthews Bookstore. If this is done, the author shall receive through the medical school no royalties or other compensation from the sale. The cost of manuscript preparation may be recovered as part of the publication cost.

Private printings are permissible provided these do not obligate the College financially. Students cannot be required to purchase such materials.

Decisions to use faculty-produced material in medical school courses shall be made by the usual academic procedures. If it is material for a single section class, the decision shall be made by the instructor or by the department and approved by the Department Chair or VPDSHP; if for a multiple section class, by course director.

Sponsored Research
Faculty members of the Eastern Virginia Medical School may not participate in sponsored activity arrangements which may lead to either a real or apparent conflict of interest. In the conduct of research, conflict of interest is possible with regard to the acquisition of funding and in the relationships that faculty might develop with outside entities or private firms through consultation relationships. One component of this potential conflict is with regard to financial interests that a faculty member might achieve with respect to potential funding sources. A policy for significant financial interest revised October 1, 1995, is available from the Institutional Office of Research. This policy, which reflects federal and applicable state requirements, as well as those of the Eastern Virginia Medical School, is applicable to all faculty and sets forth guidelines and due process with the specific aim of avoiding and/or resolving, the appearance of, or potential for, conflicts of interest. Below, the principles of this policy are summarized in order that faculty may recognize the hallmarks of potential conflict of interest in their sponsored research activities.

The Role of Disclosure. Because potential conflicts of interest in most instances can be resolved through public disclosure, this policy requires disclosure whenever a faculty member perceives or is concerned that such potential exists. Upon disclosure, the activity is reviewed by the Director-Office of Research and designated as either acceptable or unacceptable and recommendations solicited as to how the potential conflict would be best managed. It is the responsibility of the faculty member to ensure that conflict of interest does not exist with regard to activities performed within or for the institution. The institution must ensure that investigators provide a listing of significant financial interests, prior to submitting an application for funding, to the Office of Research that discloses all financial interests likely to be directly affected by the proposed research. All financial disclosures must be updated during the interval of the award, either on an annual basis or as new reportable Significant Financial Interests are obtained. Documents pertaining to disclosure of a significant financial interest shall be treated as privileged communications.

Types of Potential Conflict.

Soliciting or Accepting Sponsored Research. Soliciting or accepting funding for privately conducted research when the research to be performed could be accomplished through the utilization of available medical school resources, or when the research to be performed places the medical school member in competition with the medical school, its manpower, or facilities.

Favoring of Outside Interests. A faculty member undertaking or engaging in sponsored work, who has a significant financial interest in, or a consulting arrangement with a private business concern, must avoid actual conflicts of interest between sponsored medical school research obligations and the faculty member’s outside interests and other obligations. Examples of such activities are:

Undertaking of research to serve the research or other needs of a private firm without disclosure of such undertaking to the President, Provost and Dean of the School of Medicine and to the sponsoring agency.

Purchase of major equipment, instruments, materials, or other items for medical school research from a private firm in which the faculty member has an interest, without approval by the President, Provost and Dean of the School of Medicine.

Transmission to a private firm or other use for personal gain of work products from programs sponsored by other agencies, as well as results, materials, records, or information that are not made generally available. Excluded from this provision are appropriate licensing arrangements for inventions, discoveries, or consulting work on the basis of sponsored research results where there is significant additional work by the member independent of their sponsored research.
Influencing transactions involving the Institution for private gain. Conflicts in this area generally result from faculty influence in the purchase of goods or services, or other financial transactions, involving the Institution.

Conflicts arising from significant financial interest in a business entity. When faculty have significant financial interest in a business entity, there is a special obligation to ensure that their Institutional responsibilities do not conflict with, or provide special benefit to, that private business activity(ies). Approval in these situations would normally be (1) based on the proponent's demonstration that the activity significantly benefits the Institution and does not involve an unacceptable risk of mis-allocation of Institutional funds and other resources; and (2) conditioned on technical and financial oversight of the project and any related activities, as well as reimbursement of all costs for use of Institutional resources that primarily benefit private entities. Research projects sponsored by a business entity in which an involved employee has a significant financial interest, or has authority over expenditure of funds, is not acceptable unless and until the issue, upon review, is satisfactorily resolved and an official determination of acceptability is made. The faculty are referred to the detailed policy and procedures, available in the Office of Research regarding this.

**Distribution of Effort.** There are competing demands on the energies of medical school faculty, including research, teaching, patient care, and service to the institution. The way in which faculty divide their efforts among these functions does not raise ethical concerns unless the agency supporting research is misled in its understanding of the amount of professional effort actually devoted to the research in question. If the agreement contemplates that a member will devote a certain fraction of effort to sponsored research, a demonstrable relationship between the indicated effort or responsibility and the actual extent of involvement is to be expected.

**Inappropriate Use of Information.** Use for personal financial gain or other unauthorized use of privileged information acquired in connection with the faculty member’s sponsored activities. (The term “privileged information” includes, but is not limited to, medical, personal, or security records of individuals; anticipated material requirement or price actions; possible new sites for a sponsor’s operations; knowledge of forthcoming programs or of selection of contractors or subcontractors in advance of official announcements; and academic principles, ideas, or processes discovered or improved upon as a result of sponsored activity).

**Undue Influence.** Negotiations or influence upon the negotiation of contracts relating to the faculty member’s sponsored research between the medical school and private organizations in which there is a consulting or other significant relationship without disclosure of such negotiation to the President, Provost and Dean of the School of Medicine.

**Interference with Student Progress.** Sponsored projects that restrict (1) student publication or communication rights, with respect to research or other work that will be the basis of evaluation of the student, or (2) fulfillment of degree requirements, require review. These restrictions must be reasonably necessary to obtain and maintain protection of intellectual property rights and to prevent the unauthorized publication of student research. Secrecy or confidentiality requirements beyond the scope of a project that will be the basis of evaluation of the student or fulfillment of degree requirements are not acceptable. In addition, involvement of students in conducting or supporting research with the potential to substantially benefit a business entity in which a faculty member has a significant financial interest requires review.

**Findings of a Potential Conflict.** If an actual or potential conflict of interest is found, the institution will certify that actions are being taken, prior to the award of funding, to manage, reduce, or eliminate that interest in accordance with this policy. Each faculty member at the institution has a duty to work closely
with the institution to report and help manage situations involving a potential conflict of interest. Collaborators from other institutions must either comply with the EVMS policy, or provide certification that their institutions are in compliance with Federal policies regarding investigator significant financial interest disclosure and that their portion of the project is in compliance with their institutional policies.

**Management of Conflict.** If a disclosure of Significant Financial Interest is made, a strategy for managing, reducing, or eliminating the actual or potential conflict will be adopted, utilizing the Institutional policy and procedures on file. The Investigator and any other co-investigator(s) shall record in writing their mutual agreement on a management strategy. The agreed management strategy will become part of the official record maintained by the Office of Research.

**Consulting for Government Agencies or Other Contractors**

When medical school faculty are engaged in government-sponsored research and also serve as consultants to a federal agency, their conduct is subject to the provisions of the Federal Conflict of Interest Statutes (18 U.S.C. 202-209, as amended). For a copy of these statutes, contact the Office of Research (446-)

**SCIENTIFIC MISCONDUCT GUIDE**

The following policies and procedures have been established as a way to deal fairly, expeditiously, and effectively with all allegations or evidence of scientific misconduct and as a mechanism to maintain and promote integrity in the research environment at EVMS. The intent is not to create an atmosphere of oppressive regulation, but to assure careful, confidential, and thorough handling of allegations of misconduct.

It is expected that all authors named on a collaborative study accept full responsibility for their work, including their conduct of research at EVMS and the work they publish. It is the role of the Principal Investigator to ensure that laboratory personnel are familiar with this Scientific Misconduct Guide.

**Process for Handling Allegations of Misconduct**

1. It is the responsibility of an Investigator’s technician, peers, or others involved in the research community, to bring to the attention of an Investigator’s immediate supervisor documented or well-founded suspicions of possible scientific misconduct. The term “scientific misconduct” as used in this Guide is defined as falsification, fabrication, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. Misconduct does not include honest error or honest differences in interpretations or judgments of data.

2. The Investigator’s immediate supervisor should then notify the appropriate Department Chair or VPDSHP, Vice Dean of Research, and the President, Provost and Dean of the School of Medicine of the allegation. An immediate inquiry of the allegation shall take place. “Inquiry” as used in this Guide is defined as information gathering and initial fact-finding to determine whether an allegation or apparent instance of misconduct warrants an investigation. During the course of the inquiry, the Chair or VPDSHP, Vice Dean of Research, and President, Provost and Dean of the School of Medicine will meet with the accused Investigator and, separately with the individual making the allegation of scientific misconduct, to determine if, in fact, there is any basis to the allegation which warrants an investigation. Strict confidentiality will be maintained during this process, and the privacy of those who, in good faith, report apparent misconduct and those accused of possible misconduct will be protected. **The inquiry must be completed within 60 calendar days of its initiation** unless circumstances clearly warrant a longer period. A written
report shall be prepared which includes evidence that was reviewed, summaries of relevant interviews, and the conclusions of the inquiry. The individual(s) against whom the allegation was made shall be given a copy of the report of the inquiry. If they comment on that report, their comments may be made part of the record. If the inquiry takes longer than 60 days to complete, the record of the inquiry shall include documentation of the reasons for exceeding the 60-day period.

A written report of the inquiry findings will be securely maintained in the Office of Research for at least three (3) years after the termination of the inquiry, and shall, upon request, be provided to authorized HHS personnel.

3. If the conclusions of the inquiry are that there is no sufficient basis for conducting an investigation as hereinafter defined, the Chair or VPDSHP will so notify the Investigator. In addition, the Chair or VPDSHP, Vice Dean of Research, and President, Provost and Dean of the School of Medicine will attempt to determine if there was a malicious or dishonest intent behind the initial allegation of misconduct and, if found, appropriate actions will be taken. If the institution determines that an investigation is not warranted, the reasons for the decision and the findings of the inquiry will be documented in sufficient detail to permit later assessment of the decision, if necessary. Diligent efforts will be undertaken, as appropriate, to restore the reputations of person(s) alleged to have engaged in misconduct when allegations are not confirmed.

4. If the findings of the inquiry indicate that there is sufficient basis for conducting an investigation, the President, Provost and Dean of the School of Medicine will officially notify in writing the accused Investigator, appropriate co-investigators, appropriate external agencies, and if PHS research is involved, the Office of Research Integrity (ORI), that certain allegations of misconduct have been made concerning the accused Investigator’s research and that a formal investigation is warranted and is being initiated. This notification will take place on or before the date the investigation begins. The notification to ORI will include the name of the person(s) against whom the allegations have been made, the general nature of the allegations, and the PHS application or grant number(s) involved. The term “investigation” as used herein shall be defined as the formal examination and evaluation of all relevant facts to determine if misconduct has occurred. This investigation will begin within thirty (30) days after completion of the inquiry. During the inquiry and/or the investigation, interim administrative actions may be taken by the President, Provost and Dean of the School of Medicine, as appropriate, to protect federal or other research funds and to ensure that the purposes of the federal or other financial assistance are carried out and generally to protect the interests of the institution and the public.

5. The President, Provost and Dean of the School of Medicine will establish a five (5) member ad hoc Review Panel composed of four (4) professorial level faculty members from EVMS and one (1) professorial level faculty member from another institution to conduct the investigation. All members of the Review Panel will possess appropriate scientific expertise to assure a sound knowledge base from which to work. The Review Panel is authorized to secure, if necessary, any additional expertise to carry out a thorough and authoritative evaluation of the relevant evidence in the inquiry or the investigation. Precautions should be taken against real or apparent conflicts of interest on the part of those involved in the inquiry or investigation and to ensure that the members of the Review Panel do not have any personal involvement in the work to be investigated. Confidentiality must be maintained throughout the process, and the privacy of those reporting the apparent misconduct and those accused of misconduct must be protected. ORI will be promptly advised of any development during the course of the investigation which discloses facts that may affect current or potential DHHS funding for the individual(s) under investigation.
or that PHS needs to know to ensure appropriate use of federal funds and otherwise protect the public interest.

6. The Review Panel, during the course of the investigation, will be charged with the responsibility of determining whether or not the allegations of scientific misconduct on the part of the accused Investigator are substantiated. It will perform its investigation by reviewing the data that the Review Panel may request and by investigating the matter with both the accused Investigator and the accuser. The investigation normally will include examination of all documentation, including but not limited to, relevant research data and proposals, publications, correspondence, and memoranda of telephone calls. Whenever possible, interviews should be conducted of all individuals involved, whether in making the allegation or to whom the allegation is made, as well as other individuals who might have information regarding key aspects of the allegation. Complete written summaries of these interviews should be prepared and provided to the interviewed party for comment or revision, and be included as part of the investigation file. During the investigation, the accused Investigator will have the right to be present when oral testimony is received by the Review Panel, the right to cross-examine witnesses, and to present evidence and testimony on his/her own behalf, and the right to receive, review and file written comments regarding all documentation and summaries to be considered by the Review Panel, all of which shall be made a part of the record of the investigation. The findings and conclusions reached by the Review Panel, together with all documentation substantiating such findings, will be reported to the President, Provost and Dean of the School of Medicine in writing as soon as possible, consistent with a thorough review process, but not later than 120 days from its initiation, unless extended. The findings of the Review Panel shall also be reported to the accused Investigator with the opportunity afforded to comment on the allegations and findings. The findings must also be reported to ORI, if PHS research is involved, and the final report must describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained relevant to the investigation, the findings, and the basis for the findings, and include the actual text or an accurate summary of the views of any individual(s) found to have engaged in misconduct, as well as a description of any sanctions taken by the institution.

7. If the Review Panel finds that the allegation of misconduct against the accused Investigator is not confirmed, the President, Provost and Dean of the School of Medicine will officially notify in writing the Investigator, appropriate co-investigators, the department chair, the funding agencies, and ORI, if necessary. Diligent efforts will be made to restore fully the reputation of the person(s) alleged to have engaged in misconduct. Additionally, the President, Provost and Dean of the School of Medicine will request the Review Panel to investigate the basis for the initial charges. Following the submission of a written report by the Review Panel, appropriate action will be taken against any, and all, accusers whose involvement in the initial charges can be demonstrated to have been malicious or intentionally dishonest. With regard to both the inquiry and the investigation, diligent efforts will be undertaken to protect the positions and reputations of those persons who, in good faith, make an allegation.

8. If the Review Panel finds that the accusation of scientific misconduct against the accused Investigator is substantiated by its investigation, the President, Provost and Dean of the School of Medicine will notify in writing the Investigator, the sponsors of the Investigator’s work, and those agencies previously notified, of the Review Panel’s findings. Pending abstracts and papers that resulted from the work under question should be withdrawn. Editors of journals in which previous abstracts and papers relating to work in question will also be notified. The actions of the accused Investigator should be considered a breach of contract with the institution as delineated in the yearly letter of appointment from the President, Provost and Dean of the School of
Medicine, and the appropriate action will be taken, together with the imposition of any other sanctions as the Review Panel may feel appropriate under the circumstances.

9. The investigation should ordinarily be completed within 120 days of its initiation. This 120 days include conducting the investigation, preparing the report of findings, making the report available for comments by subjects of the investigation, and submitting the report to ORI, if PHS research is involved. A written request for an extension, if PHS research is involved, must be submitted to ORI when it appears that an investigation cannot be completed within 120 days. Accompanying this extension request to ORI, must be an explanation for the delay that includes an interim report on the progress-to-date and an estimate for the date of completion of the report and other necessary steps. Any consideration for an extension must balance the need for a thorough and rigorous examination of the facts versus the interest of the subject(s) of the investigation and the PHS in a timely resolution of the matter. If the request is granted by ORI, the Review Panel must file periodic progress reports as requested by ORI. If satisfactory progress is not made in the Review Panel’s investigation, ORI may undertake an investigation of its own. Records of the investigation will be maintained in a secure manner in the Office of Research for a period of at least three (3) years after the termination of the investigation. The records may be provided to authorized Department of Health and Human Services personnel upon request.

10. If an inquiry or a later investigation involving PHS research is planned to be terminated for any reason without completing all relevant requirements as set forth above, a report of such planned termination, including a description of the reasons for such termination, shall be made to ORI which will then decide whether further investigation should be undertaken.

11. Within fifteen (15) days following receipt of the Review Panel’s complete report by the accused Investigator, a written appeal may be filed by the accused Investigator to the Review Panel’s final decision and report. The appeal is to be filed with the President, Provost and Dean of the School of Medicine and should be restricted and limited to the body of evidence already presented. The grounds for appeal should be limited to failure to follow appropriate procedures in the inquiry or in the investigation or on the basis of arbitrary and capricious decision making by the Review Panel. Newly discovered evidence not available to the accused Investigator during the course of the inquiry and the investigation may warrant grounds for the initiation of a new investigation of the allegations of misconduct.

12. A Vice President of EVMS, who has not been involved in any way in the inquiry or investigation or the work under investigation, will hear and decide the appeal. After this appeal is concluded, a final review shall be made by the President, Provost and Dean of the School of Medicine, if requested by the accused Investigator, within ten (10) days after receipt of the decision or appeal. The decision of this review is final and the President, Provost and Dean of the School of Medicine shall implement all decisions made upon his final review.

Office of Research Integrity (ORI)

While the primary responsibility for conducting inquiries and investigations of all allegations of scientific misconduct lies with the institution, the U.S. Department of Health and Human Services (HHS) reserves the right, where such allegations involve PHS research, to perform its own investigation any time prior to, during, or following the institution’s inquiry and investigation, and to monitor and be involved in the institution’s inquiry and investigation of such allegations through ORI.

In addition to sanctions EVMS may impose, the HHS also may pose sanctions of its own upon investigators or the institution, if such action is deemed appropriate.
The institution is also responsible for notifying ORI if it ascertainment at any stage of the inquiry or investigation, that any of the following exist:

1. There is an immediate health hazard involved;
2. There is an immediate need to protect federal funds or equipment;
3. There is an immediate need to protect the interest of the person(s) making the allegation or of the individual(s) who is the subject of the allegation as well as his/her co-investigators and associates if any;
4. It is probable that the alleged incident is going to be reported publicly; and
5. There is reasonable indication of possible criminal violation. In that instance, the institution must inform ORI within 24 hours of obtaining that information. ORI will immediately notify the Office of the Inspector General.
PROCESSING OF ALLEGATIONS OF SCIENTIFIC MISCONDUCT

Inquiry begins within 60 days of initiation

Suspected Misconduct

- Referred to PI's immediate supervisor

Immediate Supervisor notifies Dept, Chair, Dir. of Research and EVMS Dean and inquiry phase begins

Chair, Dir. of Research and Dean meet with accused investigator

- Chair, Dir. of Research and Dean meet with person making allegation

- Possible basis to allegation

- No basis to allegation

Dean notifies Investigator, co-investigators, agencies, and ORI

Dean establishes a five member panel to conduct investigation

Review Panel decides if misconduct and reports in writing to Dean

Scientific Misconduct

- Dean notifies Investigator, agencies, co-investigators, ORI, sponsors, editors

- Misconduct considered a breach of contract with MCHR

- Appropriate action will be taken

- Investigator may appeal to MCHR Vice-President

- Final decision made by MCHR President

No Scientific Misconduct

- Dean notifies Investigator, agencies, co-investigators, ORI, sponsors, editors

- Effort made to restore reputation of Investigator

- Review Panel investigates the basis of initial charges

Malicious Intent

- Appropriate action will be taken

Dean determines if malicious intent

Chair, Dir. of Research and Dean determine if malicious intent

Review Panel investigates the basis of initial charges

No basis to allegation

Chair notifies Investigator

Dean notifies Investigator, agencies, co-investigators, ORI, sponsors, editors

Scientific Misconduct

Dean notifies Investigator, agencies, co-investigators, ORI, sponsors, editors

Effort made to restore reputation of Investigator

Review Panel investigates the basis of initial charges

Malicious Intent

Appropriate action will be taken

Investigator may appeal to MCHR Vice-President

Final decision made by MCHR President
POLICY ON CONSULTING

Definition

Consultation is defined as services performed for organizations or individuals for which remuneration is received in addition to a faculty member's institutional salary. Included are professional services rendered for business, industry, private individuals, government, other academic institutions, or foundations. Time committed to the EVMS HS program is not considered to be consultation services.

Applicability

This policy shall be applicable to all full-time salaried faculty members of EVMS.

Introduction

In general, reasonable consultation activities are mutually advantageous to the institution and the faculty member, since they encourage the faculty to remain professionally competent and up-to-date. However, the advantages to the institution and faculty accrue only to the extent that time devoted to consultation activities does not impinge upon the ability of the faculty member to successfully carry out his or her institutional and departmental responsibilities, and when the consultation activity does not involve any potential conflict of interest with such responsibilities.

Classification of Consultation Activities

Consultation may be classified into several types of activities, each of which should be considered individually.

1. Faculty Related Consultation Activities:

   a. The presentation of lectures, seminars, research reviews, etc. to groups associated with EVMS is considered to be an integral part of the normal responsibility of the faculty. Honoraria, if any, associated with such activities shall be transferred to the appropriate Chair’s Fund, less any applicable travel reimbursement or, in the case of members of EVMS HS, in accordance with EVMS HS by-laws.

   b. The presentation of lectures, seminars, research reviews, etc., to groups at other institutions is an appropriate faculty-related activity. Honoraria associated with such presentations shall be retained by the faculty member.

   c. The participation of faculty members on research review panels, study sections, regulatory boards, etc., for governments or foundations (e.g., the American Cancer Society), is also considered an appropriate faculty-related activity. Honoraria associated with such participation shall be retained by the faculty member.

2. Private Consultation Activities:

   a. Other consultation services provided by faculty members to businesses, individuals, other institutions, government agencies, etc., on an hourly, per diem, contractual or other fee basis are considered to be private consultation activities. It will ordinarily be deemed appropriate for faculty members to devote not more than twenty (20) days per year to these activities with approval of the faculty member's Department Chair or VPDSHP.
Additional time devoted to private consulting activities may be appropriate in unusual circumstances but only with the prior approval of the Department Chair or VPDSHP and the President, Provost and Dean of the School of Medicine. Fees received in connection with private consulting activities will ordinarily be retained by the faculty member. Department Chairs or VPDSHP shall maintain an accurate record of the time that each faculty member of the department devotes to private consultation activities.

b. Eastern Virginia Medical School assumes no responsibility for private consulting services rendered by faculty members. The faculty member must make it clear to the organization or individual to whom such services are provided that the services are private and not related to EVMS.

c. Use of EVMS Resources:
   
   i. Faculty members may not commit institutional materials or supplies, facilities, library resources, or personnel for use in private consulting activities.

   ii. Permission to use institutional facilities or other resources may be granted to a faculty member by the President, Provost and Dean of the School of Medicine, but only under the following conditions: (1) evidence that the work of such faculty member will make a significant contribution to the educational effort of the institution, (2) the initial period of such work will not exceed one year, and (3) the renewal period of such work will not exceed two years.

   iii. In instances where a faculty member is granted permission to use facilities or other resources of EVMS in order to carry out consulting activities, the appropriate disposition of applicable fees shall be decided by the Department Chair or VPDSHP and President, Provost and Dean of the School of Medicine after discussions with the faculty member.

POLICY ON INTERACTIONS WITH INDUSTRY

https://www.evms.edu/media/evms_public/departments/faculty_affairs/Interactions_with_Industry_06-14-11_(00000002).pdf

Approved by the EVMS Board of Visitors
June 14, 2011

FACULTY RECORDS

The Office of Faculty Affairs and Professional Development has primary responsibility for maintaining the security and confidentiality of all Faculty records related to appointment and promotion. Information from these records may be obtained upon signed request by one of the following: President, Provost and Dean of the School of Medicine, Vice Dean for Academic Affairs, VPDSHP, or Departmental Chairs for faculty in their respective departments and programs. Such information may also be furnished to the Appointments and Promotions Committee for their review of a faculty member’s nomination for appointment and promotion.
FACULTY GRIEVANCE POLICY

I. General

A. Purpose

The purpose of this policy is to supplement the administrative and academic procedures of EVMS and to provide a grievance procedure that will ensure academic due process and fair treatment for faculty employed by EVMS.

B. Application

Faculty with teaching and research contracts may use the procedure described in this policy.

C. Definition of Grievance

As used in this policy, a grievance is an allegation by a faculty member that he or she has suffered direct injury as a result of the following:

1. An action by an administrative officer of the medical school which deviated materially from the existing policies or procedures of the school; or

2. An action by an administrative officer of the school which was arbitrary, capricious, unreasonable, or contrary to the facts.

"Action", as used in this policy, includes the failure or refusal of an administrative officer of the medical school to take an action. "Administrative officer", as used in this policy, refers to any individual exercising administrative authority, including, but not limited to, a Department Chair, or VPDSHP, a program director, or an institute director.

D. Remedies

1. Except as otherwise provided herein, a faculty member who chooses to grieve under this policy may seek any remedy appropriate to the grievance that the college has the authority to provide.

2. The remedy available to a faculty member who chooses to grieve a personnel action, i.e., a non-reappointment, promotion, evaluation, salary increment, or a decision not to award tenure, is the initiation of a proper reconsideration of that decision through the applicable procedures of the school.

E. Limitations Upon the Application of the Grievance Policy

1. A faculty member must exhaust existing administrative or academic procedures for review of an action about which the faculty member chooses to grieve prior to filing a grievance under this policy.

F. Composition and Term of Service
1. The Grievance Committee shall consist of 5 members of the Faculty Senate appointed by the President of the Senate.

2. A new Grievance Committee should be formed for each grievance.

3. All members of the Grievance Committee will continue to serve until the completion of grievance process.

II. Informal Resolution of a Grievance

A. A faculty member who chooses to grieve under this policy shall first discuss the matter with the administrative officer whose decision or failure to decide is the basis for the grievance.

B. If, as a result of the faculty member's discussion with the administrative officer, the matter is not resolved to the faculty member's satisfaction, the faculty member shall discuss the matter with the immediate supervisor of the administrative officer whose action is the basis of the grievance. The faculty member shall not discuss the matter with the immediate supervisor of the administrative officer if that immediate supervisor is the President. In the event that the grievant is a Chair or the VPDSHP, then he will proceed directly to the Grievance Committee should his grievance not be adequately resolved with the President, Provost and Dean of the School of Medicine.

C. If, as a result of these discussions, the matter is not resolved to the faculty member's satisfaction, the faculty member may proceed to formal resolution of the grievance.

III. Formal Resolution of a Grievance

A. Written Statement of Grievance

1. A faculty member shall initiate formal resolution of a grievance by filing a written statement of grievance with the Chair of the Faculty Grievance Committee.

2. The written statement filed by the faculty member shall contain, as a minimum, the following:

   a. description of the action about which the faculty member is grieving;

   b. the grounds upon which the faculty member is grieving the action including an identification of the applicable policy or procedures, if any;

   c. a description of the event leading to the action about which the faculty member is grieving;

   d. a statement of the injury suffered by the faculty member and the date thereof; and

   e. a statement of the remedy sought by the faculty member.

3. The written statement should be no longer than 1,000 words.
4. The faculty member must attach to the written statement copies of relevant documentation. Failure to provide full documentation may result in rejection or inappropriate evaluation of the grievance.

5. Except in cases involving personnel actions, the written statement of grievance shall be filed with the Chair of the Faculty Grievance Committee within ninety (90) calendar days of the date that the faculty member suffers the alleged injury. In those exceptional cases when the faculty member can demonstrate that he or she did not know, or have reason to know, of the grievance within ninety (90) days, the Grievance Committee may extend this period to one hundred eighty (180) calendar days. If the faculty member's grievance concerns a series or pattern of injurious decisions, the period shall run from the date of the latest alleged injury; however, the Committee may review all of the decisions in the alleged pattern and the Committee may make recommendations concerning all of the decisions in the alleged pattern if it finds that such a pattern occurred within the number of days specified herein.

6. In a case involving a personnel action, i.e., a non-reappointment, promotion, evaluation, salary increment, or a decision not to award tenure, the written statement of grievance shall be filed with the Chair of the Faculty Grievance Committee within thirty (30) calendar days of the date that the faculty member is provided written notice of action taken after administrative and academic review procedures have been exhausted.

B. Procedures for Review of a Faculty Grievance

1. Within thirty (30) calendar days of the Committee's receipt of a written statement of a faculty grievance, the Committee shall determine whether the written statement was filed in a timely manner, is adequate in that it meets the requirements of the Faculty Grievance Policy, and describes a matter which the Committee has the authority to review under the Faculty Grievance Policy.

   a. If the Committee should decide that the written statement of grievance is inadequate in that it does not meet the requirements of Section III (A) (2) of the Faculty Grievance Policy, the grievant shall be advised of the deficiencies in that statement and shall have ten (10) working days within which to forward an adequate statement to the Chair or VPDSHP. If the faculty member does file a statement within the ten (10) working days, the Committee shall have fourteen (14) calendar days from the Chair's or VPDSHP receipt of the adequate statement within which to determine whether the grievance was filed in a timely manner and whether the Committee has authority to review the matter described in the statement. The timeliness of the filing of the grievance shall be determined by the date the initial statement was filed, although the Committee may have determined it to be inadequate, so long as the Committee has not closed the matter by deciding not to review the grievance.

   b. If the Committee should decide that the written grievance was not filed in a timely manner or that the matter described in the grievance is not within the authority of the Committee to review, the Committee shall decide not to review the grievance. The faculty member shall be notified of the Committee's decision and the reasons therefore.
c. If the Committee should decide that the written statement was filed in a timely manner, is adequate, and describes a matter over which the Committee has authority, the grievant and the administrative officer against whom the grievance was filed shall be notified that the Committee will review the grievance, and the administrative officer shall be provided a copy of the written statement filed by the grievant.

2. Within twenty-one (21) calendar days of receipt of the Committee's decision that it will review a grievance, the administrative officer against whom the grievance was filed shall provide to the Chair and to the grievant a written response to the written statement of grievance. The response should be no more than 1,000 words in length and should include, as attachments, copies of relevant documentation. Other parties of whom pertinent information is requested shall respond in writing within twenty-one (21) calendar days to the Chair.

3. A hearing shall be held no less than fourteen (14) working days and no more than forty-five (45) working days after the Chairs' receipt of the administrator's response.

C. At the Hearing

1. The hearing shall be attended by (a) the Faculty Grievance Committee, excluding any that are involved in the grievance,* (b) the grievant and/or his designated representative, and (c) the administrative official against whom the grievance has been filed.

2. The administrative official and the faculty member in the case before the Committee shall present evidence by calling and questioning witnesses by introducing the documentary evidence, or otherwise. Each party shall have the right to ask questions of witnesses called by the other party or by the Committee.

3. The burden of proving the allegations of the grievance shall be upon the grievant.

*NOTE: In the event a majority of the Committee is not available to attend the hearing, the President of the Faculty Senate will appoint alternates to serve in the place of absent members, to comprise at least a majority.

4. The hearing shall be closed. The faculty member may request that the faculty and administrative staff of the school be invited to attend the hearing. If the faculty member so requests, the hearing shall be open to as many members of the faculty and administrative staff as can be accommodated in the hearing room. The site of the hearing will be determined by the Committee.

5. In conducting the hearing, the Committee shall admit all evidence determined by it to be relevant and not cumulative and shall accord such evidence the merit it deserves. The Committee may limit the number of witnesses to prevent repetitive or cumulative testimony and may grant adjournments as it deems necessary.

6. The Committee may determine, on its own motion, the necessity of calling witnesses additional to those called by the parties and of examining documentary evidence additional to that presented by the parties.
7. If the faculty member in the case retains a licensed attorney as an advisor, the Medical School shall provide a licensed attorney as an advisor to the administrator. Neither attorney may participate in the proceedings except as an advisor. In addition the Medical School shall provide independent counsel to the Grievance Committee.

8. A transcript or recording shall be made of the hearing and made available to the grievant and the Committee in a timely fashion.

D. After the Hearing

1. At the close of the presentation of evidence, the Committee shall adjourn the hearing and shall reconvene with only members of the Committee present to make its findings and to arrive at its conclusions and recommendations for dismissal or remedy of the grievance.

2. Within thirty (30) calendar days of the close of the hearing, the Committee shall create a report which shall include the following:
   a. Copies of statements and attached documentation filed by the parties in the matter before the Committee;
   b. The names of the parties;
   c. The names of witnesses appearing before the Committee;
   d. The findings and conclusions of the Committee; and
   e. The recommendations of the Committee and the reasons therefore.

3. The report shall be certified as correct by each Committee member who participated in the decision.

4. The Chair of the Grievance Committee shall transmit the report and recommendations of the Grievance Committee to the President, Provost and Dean of the School of Medicine.

IV. Decision by the President, Provost and Dean of the School of Medicine

A. Upon the conclusion of the applicable procedures of the Grievance Committee and upon the President, Provost and Dean of the School of Medicine’s receipt of the Committee's report and recommendation issued as described therein, the President, Provost and Dean of the School of Medicine may decide to accept, alter, or reject the recommendation of the Committee as the President, Provost and Dean of the School of Medicine sees fit.

B. Before deciding whether to accept, alter, or reject the recommendation of the Committee, the President, Provost and Dean of the School of Medicine may request and consider written or oral statements from the parties to the grievance or their designated representatives. Each party must be provided a copy of the written statement filed by the other party and each party must be provided the opportunity to be present when an oral statement is made by the other party. The President, Provost and Dean of the School of Medicine shall not discuss the matter with either party prior to making a decision except provided herein.
C. If the President, Provost and Dean of the School of Medicine decides to alter or reject the recommendation of the Committee, the President, Provost and Dean of the School of Medicine must state in writing the reasons for that decision.

D. The President, Provost and Dean of the School of Medicine must provide notice to the grievant and to the Grievance Committee of the President, Provost and Dean of the School of Medicine’s decision and, if required, the reasons therefore, within thirty (30) calendar days of the President, Provost and Dean of the School of Medicine’s receipt of the Committee's recommendation and report. If the President, Provost and Dean of the School of Medicine fails to forward notice to the grievant and to the Committee within thirty (30) calendar days, the President, Provost and Dean of the School of Medicine shall be deemed to have accepted the Committee's recommendation. In the event of illness or prolonged absence of the President, Provost and Dean of the School of Medicine, additional time may be provided at the discretion of the Grievance Committee.

E. The President, Provost and Dean of the School of Medicine shall cause the implementation of any remedy provided to the grievant as a result of the President's decision.

ANTI-HARASSMENT POLICY AND PROCEDURES

Policy

It is the policy of the Eastern Virginia Medical School to prohibit all forms of harassment on the basis of race, color, national origin, sex, age, religion, or disability. Harassment in any form will not be tolerated. One aspect of this policy that may require emphasis is the prohibition against sexual harassment, which is considered to be a form of sex discrimination. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, that is personally offensive, or that interferes with work effectiveness.

Relationships involving sexual harassment have no place at EVMS and are prohibited. Harassment and intimidation, whether sexual or otherwise, of EVMS students and employees by anyone, including any supervisor, co-worker, vendor, or patient, is strictly prohibited.

The policies and procedures set forth herein are intended to provide an avenue of redress for individuals who feel that they have been subjected to harassment. These policies and procedures also prohibit retaliation against individuals making a complaint or supplying information concerning a complaint about harassment.

Definition

Sexual harassment can take a variety of forms, ranging from subtle pressure for sexual activity to certain types of physical assault. Specific examples of the kinds of conduct that may constitute sexual harassment include the following: sexual advances or propositions; sexual flirtations or suggestive comments; sexually explicit or offensive jokes; sexually degrading words used to describe an individual; graphic or verbal remarks about gender-specific traits; foul or obscene language or gestures; displays of pornographic materials; and unnecessary physical contact of a sexual nature, such as patting, pinching or brushing against another's body. Sexual harassment can occur between members of the same sex as well as members of the opposite sex.
Conduct of the type described above is prohibited when:

1. Submission to such conduct is made either directly or indirectly as a term or condition of an individual's education, training, or employment (for example, employment status, promotion, training, pay levels, performance reviews, work and shift assignments, etc.);

2. Submission to or rejection of such conduct is used as a basis for making employment decisions; or

3. The conduct has the purpose or effect of substantially interfering with a person's work performance or creating an intimidating, hostile or offensive work environment.

Complaint Procedure

Employees who believe they have experienced or witnessed any form of discriminatory harassment, sexual or otherwise, should bring the matter to the immediate attention of the Director of Human Resources, or the Associate Director of Human Resources (https://www.evms.edu/about_evms/administrative_offices/human_resources/). Following receipt of a complaint, it will be promptly investigated in as confidential a manner as possible, and appropriate corrective action to remedy the situation will be taken, as warranted.

All investigation findings and mediation efforts of the Director of Human Resources or his delegate shall be kept as confidential as practicable.

False Accusations

False accusations of harassment can have as great an impact on the accused as actual harassment can have on the complainant. The procedures set forth in this policy are therefore applicable to protect the rights of those who are falsely accused, to the extent possible. Therefore, the accused will have the right to complain and pursue a resolution in order to redress what he or she believes to be a false accusation of harassment.

Non-Retaliation

Any retaliation or threat of retaliation against an individual for presenting a complaint of harassment or testifying as a witness to the alleged harassment is strictly prohibited and will be treated as a separate incident, to be handled in the same manner and subject to the same procedures as the complaint itself. In other words, no employee will suffer any adverse employment action or be subjected to retaliation for complaining in good faith about harassment or participating in an investigation.

See also Human Resources Policy 4.52

DISRUPTIVE BEHAVIOR POLICY

Ensuring workplace safety is of vital importance. All members of the Eastern Virginia Medical School community have an investment in fostering productive working relationships. Disruptive behavior will not be condoned by any faculty member or administrator.

Disruptive behavior may include verbal threats, harassment, nonverbal inferences which are viewed as intimidating, stalking, and other activity which interferes with the safe and effective
operation of EVMS. Faculty members and administrators who engage in disruptive behavior will be sanctioned under the appropriate standards of conduct.

CONFIDENTIALITY OF OCCUPATIONAL HEALTH MEDICAL RECORDS

It is the policy of Eastern Virginia Medical School (E.V.M.S.) to use information obtained in interactions with the Employee Occupational Health staff for medical purposes only. Medical records are the property of E.V.M.S. and information contained in them will be released after specific consent of the employee or student or as required by statute.

Procedure:
1. All information obtained from post-offer medical examinations and inquiries will be collected and maintained on separate forms, in separate medical files, and will be treated as confidential medical records.
2. Persons having access to these medical records are limited to: the Employee Occupational Health Medical Director, the Employee Occupational Health staff or contract physician, and the Occupational Health nursing staff.
3. All medical information will be kept confidential, with the following exceptions:
   A. Supervisors and managers will be informed about necessary restrictions on the work or duties of an employee or student and necessary accommodations.
   B. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of a fire or other evacuations.
   C. Government officials investigating compliance with the Americans with Disability Act (ADA) and other federal and state laws prohibiting discrimination on the basis of disability or handicap should be provided relevant information on request. Other federal laws and regulations, for example the Occupational Safety Administration (OSHA), also may require disclosure of relevant medical information.
   D. Other relevant information may be provided to state workers’ compensation offices, in accordance with state workers’ compensation laws.
   E. Relevant information may be provided to accrediting organizations, including but not limited to, the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC).

COMMUNICATIONS WITH THE BOARD OF VISITORS

1. It is the policy of the Board of Visitors that there shall be useful exchange of information between the Board and the various constituencies served by the school. The purpose of this policy is to enable the Board to make informed judgments in taking actions that affect the governance of the school. To that end, the President, Provost and Dean of the School of Medicine, as chief executive officer, is charged with the responsibility of maintaining communication between the Board and the various school constituencies, including faculty, staff, students, alumni, and members of the communities served by the school, as appropriate.

2. The President, Provost and Dean of the School of Medicine is expected to inform the Board in an accurate and timely fashion of the views of various school constituencies and to apprise and educate the Board concerning significant issues, opportunities, achievements, and concerns that have or will confront the school and those constituencies. To aid in that process, the President, Provost and Dean of the School of Medicine is encouraged to invite other members of the school community to attend and participate in meetings of the Board or its committees. The President,
Provost and Dean of the School of Medicine, in choosing representatives of constituencies to participate in meetings, may select representatives from existing support organizations now serving the school, such as: Faculty Senate, Student Senate, Alumni Association, and school-affiliated foundations. In addition, when relevant and appropriate, the President, Provost and Dean of the School of Medicine may, from time to time, arrange for other informed faculty, staff, students, alumni, benefactors, friends, and interested parties to present views to the Board or its committees.

3. Members of any school constituency who desire to make their views known to the Board on a particular issue should request the President, Provost and Dean of the School of Medicine to present those views to the Board, or request the President, Provost and Dean of the School of Medicine to provide them with the opportunity to do so in person at a future meeting of the Board or one of its committees. It is within the discretion of the President, Provost and Dean of the School of Medicine to determine the most appropriate way for those views to be communicated to the Board.

4. In order to ensure that the Board is conversant with the wide variety of issues, opportunities, achievements, and concerns that exist in the school community, the President, Provost and Dean of the School of Medicine is encouraged to provide the Board with broadest possible exposure to school life. In addition to the foregoing, this may be accomplished by presentations by members of the school community at the meetings of the Board or its committees, and on-site meetings or informational sessions held in a variety of school facilities and locations, both on and off the main campus.

GUIDELINES FOR SPACE MANAGEMENT

Summary

Space is allocated to institutional functions based on established guidelines, current needs of the school, and detailed evaluation of specific program and operational requests. All requests for, or modification of, space will be made on the appropriate form and submitted to the Space Committee of the building in which new space or change in space is requested.

Procedure for Requesting Space

A. A Request for Space (Exhibit 1) will be completed and forwarded to the Chair of the Space Committee of the building in which space is requested. The departmental chair or VPDSHP, as well as other appropriate individuals affected by the space request, will be invited to meet with the Committee. Any person affected by the recommendation of the Space Committee has a right to make an appeal. All appeals must be received within ten (10) working days of the date of notification of the recommendation. The Space Committee will then review any additional pertinent information and deny or uphold the appeal. If the request is denied by the Space Committee, an appeal may be sent to the President, Provost and Dean of the School of Medicine within five (5) working days of the final decision of the Space Committee. The decision of the President, Provost and Dean of the School of Medicine is final.

B. New or additional space needs cited in new grant applications or in proposed contracts, including faculty contracts, will require review by the Space Committee prior to submission.
C. Evaluation of existing allocation of space will be conducted by the Space Committees as needed and according to the stated guidelines. Appropriate recommendations will then be made to the President, Provost and Dean of the School of Medicine for review and approval or disapproval.

D. When large areas of space are requested, a time schedule with projected dates of faculty and staff hiring, phases of the program, and other relevant information will be attached to the request.

E. Requests for space will indicate projected starting and termination dates. In general, laboratory space should not be assigned for a period longer than 5 years, with renewal of space assignments being related to research productivity.

F. Storage areas, instrument laboratories, multiple use laboratories, or general service laboratories should be requested by a single department even if used by several groups.

G. Allocation of laboratory space will be contingent upon the actual time that the laboratory is used by appropriate personnel.

H. All proposed renovations of space will be referred to the Space Committees for review and approval. All such requests will include a written justification and the signed approval of the departmental chair or VPDSHP.

Faculty Assignment Priorities

A. Those full-time faculty with externally funded research.
B. New full-time faculty for a space of up to three (3) years.
C. Full-time faculty with funded and/or revenue generating service projects.
D. Full-time faculty with special equipment or project needs.

Space Standards

Allocation of space will be based on the following guidelines:

Chair’s Office: 140 SF
Faculty Office: 120 SF
Graduate Student Area: 60 SF per student
Clerical Workstations: 80 SF per person.
Other Non-faculty Office: 100 SF
Exam Rooms: 120 SF
Basic Lab Module: 700 SF
Support “Core” Space: (if department’s space is greater than 5,000 SF)
   Environmental Rooms (3)
   Special Labs (2 at 300 NSF)
   Darkroom (90 NSF)
   Glasswash (150 NSF)
   Equipment Storage (16% of lab space)
   Conference Rooms:
      Basic Sciences: 400 NSF
Clinical Areas: Depends on existing space and proximity to group rooms. Department should have 7-8 FTE faculty before assigning a conference room for the department.
Retention of Laboratory Space

A. At approximately 3-5 years intervals, a review will be conducted by the Space Committee of each investigator’s use of space. The individual researcher will demonstrate a continued need for assigned space.

B. Consideration will be extended to researchers who are between granting periods upon demonstration of their continuing need.

C. To facilitate space planning, Departmental Chairs or VPDSHP will annually report on the utilization of all assigned space.

Office Space

Office space will be assigned in the following order of priority:

- Full-time faculty (with rank of Assistant Professor and above) with need for primary office
- Other full-time faculty with need for primary office.
- Full-time postgraduate (postdoctoral fellows).
- Full-time secretarial and administrative personnel.
- Full-time support personnel.
- Full-time faculty with need for secondary offices and postgraduates.
- Full-time graduate students.

Restrictions Regarding Use of Space

A. Laboratory and office space will not be used for storage of equipment or supplies.

B. Dishwashing rooms will include the addition of other compatible functions.

C. Scheduling and utilization of conference rooms and classrooms will be reviewed periodically by the Space Committee.

D. Post-doctoral staff will not be allocated a separate laboratory.

E. Technicians may be assigned office space upon approval of the Space Committee.

F. Faculty researchers will be assigned only one laboratory; requests for exceptions will be reviewed by the Space Committee on a case-by-case basis.

G. Access to walk-in coolers will be available to all researchers on a school-wide basis.

Reallocation of Space

Reallocation of space within a department or office does not require approval of the Space Committee. However, this information will be forwarded to the Space Committee.
**REQUEST FOR SPACE**
Exhibit 1

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<th>Department:</th>
<th>Date:</th>
<th>New Space □</th>
<th>Additional Space □</th>
<th>Renewal □</th>
<th>Renovation □</th>
<th>Reallocation □</th>
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<th>Type of Space Requested</th>
<th>Approximate Sq. Ft.</th>
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<td>Storage</td>
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<td>Other (Describe):</td>
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**Projected Starting Date:**

**Projected Termination Date:**

**Space to be used by:**

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<tr>
<th>Name</th>
<th>Position or Title</th>
<th>% Effort Relevant to Space</th>
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**Source of Financial Support** (e.g. grants, departmental or program sources, contracts, etc.):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**Dates of Award(s)**

Beginning: 

Ending: 

AT ACH JUSTIFICATION AND ANY ADDITIONAL RELEVANT INFORMATION.

Requested by: ___________________________ Date: _______________

Approved by: ___________________________ Date: _______________

(Chair)
GUIDELINES FOR FACILITIES UTILIZATION

Requests for Use of Facilities and Priorities

All requests for the use of educational space within the EVMS Campus must be submitted for approval through the SCHED program maintained by the Academic Computer Center. EVMS educational space is designed to be used solely for educational activities for EVMS affiliated students, physicians, other health professionals, and the community. The priority for use of these facilities is as follows:

A. Student education has priority over all other activities. All decisions to move students from a regularly scheduled activity in any room within the EVMS Campus must have the written permission of the President, Provost and Dean of the School of Medicine or his/her designee.

B. Education activities sponsored by Eastern Virginia Medical School or any of its departments or programs have priority over activities sponsored by community health care organizations or other educational institutions.

C. Continuing education activities sponsored by the EVMS-CME program have priority over all other continuing education activities sponsored and/or presented by any other groups.

D. Other activities must be approved in writing by the President, Provost and Dean of the School of Medicine or his/her designee.

Fee Schedule

Sponsors of activities within EVMS facilities will pay rental fees for educational space, audiovisual equipment use and operator time. The current fee schedule may be obtained from Educational Media Services (446-5898).

An additional fee of thirty percent (30%) over the regular fee will be charged for weekend utilization of rooms requiring additional service in the form of security, housekeeping and/or audiovisual support. This surcharge does not cover staff involvement and will not pertain to any audiovisual equipment rented specifically for the occasion.

CME activities, which are presented by an EVMS department, but sponsored by other than the EVMS-CME Office for Continuing Medical Education, will be charged an additional fee equal to 20% of gross revenues.

All fees are payable by check or money order made out to Eastern Virginia Medical School.

All groups utilizing the school's (EVMS) facilities will be financially responsible for loss or damage to equipment or the facility.

Restrictions and Limitations

All conference rooms and MDL rooms within the EVMS Campus will be closed to the staff, students, public and/or private organizations over the weekend and after 5:00 p.m. Utilization of these facilities over a weekend or on a holiday or after 5:00 p.m. requires written permission from the Department Chair or VPDSHP who is responsible for that space or from the President, Provost and Dean of the School of Medicine or his/her designee.
Food functions present special problems for educational facilities. Coffee, soft drinks, and other light fare only can be served. The President, Provost and Dean of the School of Medicine may make exceptions under unusual circumstances.

When class is in session concurrent with an outside meeting, (i.e., a class in Lecture Hall and an outside meeting in the Auditorium), all refreshment breaks and food functions must be held within an area that does not impede the free movement of students or cause a noise disturbance to the on-going educational activities.

It is the responsibility of the host organization to notify EVMS concerning the serving of food or beverage during the intended function. The following information is needed:

A. Proposed location
B. Name of catering company
C. Number of people to be served
D. Food and drinks to be served
E. Serving time

Arrangements will be made with housekeeping to supply trashcans to accommodate waste materials from the food service. It is the responsibility of the host organization to ensure a clean and orderly disposal of waste material.

Rental to For-Profit Agencies

Drug companies, medical equipment companies, and publishers may exhibit within the EVMS Campus under the following conditions:

Appropriate forms are completed and submitted to Educational Media Services and to the host organization.

Exhibits are educational and offer information about new products or a products' proven effectiveness.

Exhibits are confined to six-foot long tables and should not include noisy or offensive audio and/or visual effects.

A. Tables will be provided by EVMS. Two chairs will accompany each table ordered.
B. Exhibitors will be required to cover the table with a clean tablecloth or a company banner.
C. Exhibitors will be allowed in the building one-hour before the program starts in order to setup and will be able to remain one hour after the program in order for disassembly and cleanup. An authorized representative of the sponsoring group must be present during setup and cleanup.
D. Upon special request, a freestanding display will be permitted. It will be charged as one, two, or three table spaces as appropriate.

A company representative must be present at all times.

Drug companies and medical equipment companies must rent exhibit areas according to the rental schedule. Publishers must agree to sell books through the EVMS bookstore.
Location of exhibits is restricted to specific areas within the institution. Location is assigned on first come - first serve basis on the first morning of the scheduled activity.

Exhibits must be consistent with the philosophy and goals of EVMS.

*Procedures for the Reservation and Use of Educational Space in Lewis and Hofheimer Halls*

I. Requests

   Educational and selected administrative spaces within Lewis Hall, Hofheimer Hall, The Jones Institute, and Andrews Hall are available for reservation under the following circumstances:

   A. The reservation is for an appropriate educational or academic activity.
   B. The space has not been previously reserved for another educational or administrative activity.

   All requests to reserve educational space and appropriate audiovisual equipment are to be submitted via the room scheduling program (SCHED) available through the Academic Computer Center to authorized users within the institution (faculty, staff and students). This program lists all reservable space within the institution and, in selected cases, indicates the specific method through which it may be reserved. In those instances in which space is reservable by the requester through SCHED, the requester will be informed of confirmation of the request via E-Mail. If the request does not appear to fall within the policy for the reservation of space or if the space must be reserved through a separate mechanism, the requester will be informed. This SCHED program is maintained by Educational Media Services (446-5898).

   Individuals submitting requests that have not been approved may appeal the decision by forwarding a memo to the Associate Dean for Continuing Education. This memo should state the reason why the request should be approved.

II. Schedule Of Fees: Audiovisual Equipment/Operation

   In-house projection services are provided at no cost for normal business hours. Fees for projection services for outside groups are available from Educational Media Services (446-5898).

*ANNUAL REPORTS*

The Chair of each department, VPDSHP and Dean/Director of special programs are required to submit an annual report to the Office of the President, Provost and Dean of the School of Medicine by September 30th of each year. These reports should cover activities for the fiscal year (July 1 through June 30). These reports are reviewed and discussed with each manager and consolidated into one annual report to the President, Provost and Dean of the School of Medicine. The report format guide is available from the Office of the President, Provost and Dean of the School of Medicine

*EQUIPMENT TRANSFER*

This policy addresses the transfer of equipment to EVMS from another institution at the request of a new faculty member. When a new faculty member has equipment to transfer from his previous institution to EVMS, transportation costs for moving the equipment will be paid by EVMS under the following conditions.
Prior to the move, an inventory of the equipment must be sent to the Department Chair or VPDSHP together with a separate cost estimate from two moving companies, for the Chair or VPDSHP’s approval. If the equipment is considered to be acceptable, EVMS will authorize the transfer of the equipment and approve the payment of the transportation costs. The department must notify Materials Management and they provide the equipment listing for inventory and tagging purposes.


IDENTIFICATION TAGS

EVMS and its affiliated hospitals require that all personnel wear an identification tag on their outer clothing whenever they are in one of the hospitals or in one of the school's buildings. The EVMS Human Resources department provides all personnel with an official identification tag. Each new faculty member must visit the Human Resources department in Smith-Rogers Hall to receive an identification tag prior to assuming duties at the school. Faculty members are asked to remind their students that the student identification tag is to be worn, especially when the students are in one of the affiliated hospitals. Faculty identification tags are to be returned to the EVMS Human Resources department when the faculty member's association with EVMS is terminated.
THE OFFICE OF RESEARCH

Mission: To provide service to the faculty and staff for all administrative and regulatory features of research activity at EVMS, with the exception of fiscal administration of sponsored research programs.

Function:

1. Administration of all pre-award functions for grants and contracts.

2. Administrative direction of and support for three regulatory committees related to research including the Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), and Institutional Biosafety Committee.

3. Administration of intramural funding programs, including the administrative direction and support of the Institutional Research Committee.

4. Administrative support for the Ph.D. program and research track of the Master’s program in the Biomedical Sciences, including support of the Biomedical Sciences Program Joint Executive Committee, and the Biomedical Sciences Ph.D. stipend program.

5. Management and support of policies related to intellectual property, including information management and record-keeping.


7. Management and oversight of all policies that comprise Institutional assurances to the federal government and accrediting bodies for the conduct of research, including Conflict of Interest, Scientific Misconduct, Civil Rights, and others.


RESEARCH PROGRAMS

General

Most services related to the institutional administration of extramural and intramural sponsored research programs are provided through the Office of Research. The mission of this office is to provide service to the faculty and staff for all administrative and regulatory features of research activity at EVMS, with the exception of fiscal administration of sponsored research programs, which is administered by Grants Accounting in the Financial Services Office.

Approval of Research Activities by Regulatory Committees

It is the institutional policy that all research activity at EVMS shall be governed by the regulatory policies and guidelines promulgated by the U.S. Department of Health and Human Services, regardless of the funding source. Regulatory approval of research activities is achieved through submission of protocols to relevant committees, the membership of each being appointed by the President, Provost and Dean of the School of Medicine. Institutional guidelines and procedures for submission to these committees are
necessarily dynamic since they reflect changes in law, science, technology, universal ethical principles, and interpretation of each by government agencies. Therefore, awareness by the faculty of the most recent policies and procedures in place is important.

The following regulatory committees have oversight for the conduct of research. The documents containing governing principles, specific guidelines and procedural requirements for submission to these committees, as well as general guidance, may be obtained by contacting the Office of Research or, for the use of chemicals and/or radiation, the Office of Environmental Health and Safety/Radiation Safety.

A. **Institutional Review Board (IRB):** EVMS has a Multiple Project Assurance on file with the National Institutes of Health, Office of Protection from Research Risks (OPRR) which allows the institution to receive federal funding for research activities. As part of this assurance, the IRB is charged with the review and oversight of all research protocols involving the use of human subjects. This committee, is made up of faculty having expertise in the areas of research that are locally relevant, as well as members from the non-scientific community and health care institutions affiliated with EVMS. The IRB, rather than the faculty member, determines whether a protocol might be exempt from review, and therefore, any faculty member who is unsure as to whether their activities require review by the IRB should contact the Office of Research for guidance. IRB approval should be obtained prior to submission of grant and contract materials, and must be obtained prior to the actual conduct of research. Specific guidelines for the timing of approvals put forth by funding agencies need also to be adhered to.

B. **Institutional Animal Care and Use Committee (IACUC):** EVMS has a formal assurance on file with the National Institutes of Health, Office of Protection from Research Risks for the use of animals in research. In addition, the EVMS Division of Animal Resources is certified and monitored by the United States Department of Agriculture (USDA), and accredited by the Association for the Assessment and Accreditation of Laboratory Animal Care (AAALAC). In compliance with these entities, the IACUC is charged with the review and oversight of all research protocols involving the use of animals. This committee is made up of faculty having scientific or medical expertise in the areas of research or species utilized, representation from the non-scientific community and from outside of EVMS, as well as the Institutional Veterinarian. IACUC approval should be obtained prior to submission of grant and contract materials, and must be obtained prior to the actual conduct of research. Specific guidelines for the timing of approvals put forth by funding agencies need also to be adhered to.

C. **Institutional Bio-Safety Committee (IBC):** The IBC was created to conform to guidelines put forth by the Office of Recombinant DNA Activities at the National Institutes of Health, and is charged with the review and oversight of activities and laboratories in which biohazards are utilized. Biohazards are defined in this case as cultures of human or animal pathogens, laboratory induced infection of a human or animal with a pathogen, any human tissue cultures, and primary animal tissue cultures. In many cases, IBC approval must be obtained prior to conduct of the activities under review. This committee does not review the use of materials falling under the use of “universal precautions” put forth by OSHA (e.g. human blood or its products, body fluids, or tissues for potentially infectious materials).

D. **Chemical and Environmental Safety Committee (CESC):** The CESC is charged to review and develop policies and procedures for the safe use, storage, and disposal of chemicals at EVMS. In addition, this committee ensures compliance with the Laboratory Standard, Hazard Communication Standard and other regulations issued by the Occupational Safety and Health Administration (OSHA) for laboratory and ancillary employees. The CESC is composed of EVMS faculty physicians and scientists as well as representatives from outside of the institution.
This committee, administered through the Office of Environmental Health and Safety, maintains and oversees an inventory of chemicals in EVMS buildings and consults with faculty when developing protocols using unique chemicals.

E. Radiation Safety Committee (RSC): The RSC is responsible for establishing policies and procedures to ensure control of procurement and use of radioactive material and radiation producing machines, completion of safety evaluations of proposed uses and users, and overall development and implementation of the institutional radiation safety program. The committee is composed of faculty and staff with experience in the use of radioactive material or radiation producing machines. RSC approval must be obtained prior to proposed use of radioactive materials. EVMS maintains licenses with the Nuclear Regulatory Commission and the Commonwealth of Virginia for possession and use of radioactive material in research which require strict compliance with license conditions and radiation safety procedures.

F. Employee Occupational Health Program: The Employee Occupational Health office is located in suite 506 of Andrews Hall. The office is open from 8:00 a.m. to 5:00 p.m. Monday through Friday. This new program will coordinate tuberculosis surveillance for EVMS faculty, staff, and students, manage blood/body fluid exposures, schedule medical surveillance, coordinate Hepatitis B immunizations, and conduct pre-placement health evaluations for new employees. The program also manages the Occupational Health and Safety Program for staff that work with lab animals or lab animal products. The occupational health nurses are available to assist in training for lab animals/animal product users including non-human primates, tuberculosis, and blood borne pathogens. Refer to the section on Faculty Rights, Ethics, and Responsibilities for the policy on Confidentiality.

Affiliate Support Offices for Research-related Activities

A. Division of Animal Resources (DAR): The DAR exists to assist EVMS investigators in the purchase, housing, husbandry, and veterinary care of research animals. Policies and procedures for the appropriate care and use of animals is provided through the DAR, the IACUC, and the Office of Research. The Director of the DAR, the Institutional Veterinarian, provides management of the facility. DAR staff are available to consult with faculty and assist in special surgical or handling procedures, as needed.

B. Office of Environmental Health and Safety/Radiation Safety: This office provides a resource to faculty with respect to support for the regulatory committees (d and e above), and also for the provision of training courses and procedure manuals for the safe use of chemical and biohazardous materials. The Office Director is the Environmental Safety Officer and Radiation Safety Officer for the Institution.

C. Biostatistics Support Office: The Biostatistics Office is a core resource whose mission is to provide faculty, students and staff with appropriate advice on research design and statistical analysis. Consultation services cover a wide variety of research and statistical issues including the initial conceptualization of a study, design, sampling and randomization strategies, questionnaire construction, data collection and coding procedures, determination of the subject numbers, and statistical analysis of data.
EXTRAMURAL PROGRAMS IN SUPPORT OF RESEARCH

Pre-award Review of Extramural Grants and Contracts

The Office of Research provides administration of “pre-award” functions for grants and contracts. All grants and contracts are submitted to the Office of Research for review prior to submission in the case of grants and contract proposals, or during drafting of the document in the case of pre-negotiated contracts. This review is necessary regardless of the funding source, and includes assessment of the administrative requirements for submission, as well as an evaluation of the relevant regulatory features for the conduct of research, including the use of human subjects, animals, biohazards, intellectual property, and potential conflict of interest. In order to assure that this review is complete and timely, investigators are required to accompany their submissions with an Office of Research Checklist, a form that extracts specific information about the regulatory, budgetary, and contractual features of the submission. This document requires signature by the investigator and their Department Chair, who accepts responsibility for the scientific merit of the proposed work as well as assuring that the resources and facilities necessary for the project will be made available. In addition to the checklist, investigators are required to submit, for all key personnel on a project, a completed and signed financial disclosure form in compliance with the institutional policies for the avoidance of conflict of interest described earlier in this manual. Both the Office of Research Checklist form and the financial disclosure form are available from the Office of Research (446-8480).

Signature Authority for Grants and Contracts

The Director – Office of Research has final signature authority for all grant applications submitted by faculty, unless specifically required to be otherwise by the funding agency. This signatory role of the Director – Office of Research carries with it a responsibility for the assurances to relevant government and accrediting agencies of all regulatory features of the research described in the submissions. All contracts and subcontracts require both the signature of the Director – Office of Research, for regulatory matters, and the Vice President for Administration and Finance as the authorized contracting officer for the Institution. This requirement holds true for all outgoing subcontracts as well.

Maintenance of Documents and Records

Following review of applications by the Office of Research and submission to the funding agency, a copy of the application and the appended forms is maintained in the Office of Research until notification by the agency of funding outcome. Should the application be funded, these records will be re-evaluated for regulatory assurances and then forwarded to the Grants Accounting Office for release of an account. The files for funded grants will be maintained in Office of Research throughout the funding interval and for two years following completion of funding, after which they are archived. Non-funded applications are kept on file for 1 year. Investigators should also maintain a copy of their applications for reference purposes. All materials will be managed as confidential.

Management of Funded Sponsored Programs (Summary)

Refer to Financial Affairs Policy and Procedure Manual, Section 13 for complete list of policies and procedures.

Most of the research conducted at EVMS is funded by various external sources including the federal government, the Commonwealth of Virginia, private not-for-profit foundations and private for-profit companies.
All grants and contracts awarded to EVMS where the principal investigator is a full-time faculty member, part-time faculty member, community faculty member, fellow, staff or student must be processed through the Office of Research, Business Management and Financial Services departments. EVMS grants may not be processed through Eastern Virginia Medical School Health Services, Children’s Specialty Group, Pediatric Faculty Associates, Center for Pediatric Research, Eastern Virginia Medical School Foundation, Jones Institute Foundation, Diabetes Institutes Foundation, or any of the affiliated hospitals.

The Vice President for Administration and Finance has delegated signature authority for grant proposals to the Director - Office of Research to sign as the “Institutional Official” with the exception of CONRAD Agreements. The Vice President for Administration and Finance retains signature authority on all CONRAD agreements and all contracts.

All grant and contract proposals should be submitted to the Office of Research for review within 3 weeks of the proposal due date even if the grant does not require institutional signature. The Office of Research verifies information provided in the proposal and confers with Business Management and Financial Services, when necessary, regarding financial report requirements, salaries, fringe benefits, and indirect cost recoveries.

EVMS has a fiduciary responsibility to ensure that externally funded grant and contract expenditures are in accordance with the guidelines established by the awarding agency, all applicable laws and regulations, and EVMS policies and procedures. EVMS is required to produce and maintain detailed financial expenditure reports for all grants and contracts to substantiate compliance with the awarding agency’s guidelines.

The Grants Accounting Office is responsible for the “Post Award” accounting for grants and contracts received by EVMS and subcontract awards made by EVMS to sub-recipient organizations. These responsibilities include:

- Post award monitoring of a random sample of expenditures of all grant and contract accounts for compliance with the guidelines established by the awarding agency, all applicable laws and regulations, and EVMS policies and procedures
- Monthly accounting entries to record fringe benefit allocations and indirect cost recoveries
- Tracking applicable matching/cost-sharing requirements
- All financial reporting on externally funded grants and contracts
- Review and follow-up of sub-recipient A-133 audit compliance reports
- Cash management related to grants and contracts
- Review and final approval of all expenditures for: budget availability, validity of the costing, and compliance with the guidelines established by the awarding agency, all applicable laws and regulations, and EVMS policy and procedures

Contributions are processed through the EVMS Foundations (see Financial Affairs Policy and Procedure Manual, Section 11.14, Grant Versus Contribution).
Establishment of a Research and Scholarly Activity Incentive Fund

Eligibility:

Full-time faculty in the Hampton Roads area, who are engaged in investigator initiated extramurally funded basic or clinical research or education/training, may receive incentive funds. For the extramural grant or contract to be eligible, it must provide facilities and administrative (F&A) cost recoveries. For a faculty member to be eligible, he/she must be funded a minimum of 20% on the extramural funds for the grant contract year/period and be listed as Principal Investigator. Twenty-five percent (25%) of the F&A costs will be shared with the department/Principal Investigator (P.I.) at the end of the fiscal year.

Principal Investigators engaged in pharmaceutical initiated research grants must be funded (i.e., salary) at a minimum of 10% of total costs on the extramural funds for the grant contract year / period. Twelve and a half percent (12.5%) of the F&A costs will be shared with the department / Principal Investigator (P.I.) at the end of the fiscal year.

Program Projects - Principal Investigators who administer the program project are required to be funded 5% and project / support core P.I.s are required to be 20% funded. Twenty-five percent (25%) of F&A cost from the total program project will be distributed to the participating departments / PIs based on the percentage of total direct cost budget at the end of the fiscal year.

The incentive amount returned to the faculty member’s department will be spent under a plan developed by the faculty member and the Department Chair in accordance with EVMS policy.

1. These funds will be cumulative with the remaining fund balance at the end of any fiscal year being carried over to the next year.
2. While these funds are appropriated by the Medical School for discretionary use of the department/faculty who generate the funds, they are to be considered public funds and are to be used for research or educational purposes within overall EVMS guidelines.
3. An estimated budget for the expenditure of these funds shall be developed annually in conjunction with the EVMS budget process by the faculty member and the Department Chair.
4. Expenditures of these funds for the items listed below will require prior approval of the Department Chair.
A. Stipends for postdoctoral fellows, graduate and undergraduate students.
B. Equipment
C. Research, education and office supplies
D. Travel to professional meetings
E. Scientific journals, book acquisitions
F. Teaching and research aids, e.g. audiovisual, computers, and computer supplies
G. Professional society dues and memberships
H. Official receptions, etc., for 1) Visiting professors; 2) Interdepartmental organizational meetings; Departmental meetings
I. Consultant fees associated with research or educational programs
J. Tuition reimbursement - non-degree - for employee job-related skills or knowledge (Documentation of satisfactory completion must be presented after completion of course)
K. Salary for support personnel, e.g. secretaries, laboratory technicians
L. Merit/bonus incentive award payment of up to 30 percent of the funds returned to the faculty member’s department. Whether a faculty member receives a merit/bonus payment and the amount of the merit/bonus will be established by the Chair with approval of the President, Provost and Dean of the School of Medicine (the incentive payment does not apply to the faculty member’s base salary).

5. Use of incentive funds for anything not listed in 4 will require prior approval by the President, Provost and Dean of the School of Medicine, for example foreign travel, faculty salaries, alterations and renovations of space, etc

**Research and Scholarly Activity Merit/Bonus Incentive Policy**

**A. Purpose:**

To recognize and reward exceptional faculty performance, to stimulate research/education productivity, and to aid in recruiting and retaining outstanding faculty.
B Eligibility:

Faculty who are eligible under the “Research and Scholarly Activity Incentive Fund” policy and who obtain a facilities and administrative cost recovery bearing research or education/training grant in which 20% of their salary is funded by the grant. The department/faculty will receive 25% of the F&A cost recoveries generated from the grant. The faculty research and scholarly activity incentive fund will be spent under a plan developed by the faculty member and department chair in accordance with EVMS policies.

C. Award:

Eligible faculty may receive a bonus which could be up to a maximum of 30% of the F&A cost recoveries returned to the faculty member’s incentive for the fiscal year obtained from each eligible grant. The amount of this award will be determined by the chair and will reflect how well the faculty member is meeting his/her academic responsibilities (See Awarding of Merit, section D3 below). The amount of the merit/bonus will remain confidential and must be approved by the President, Provost and Dean of the School of Medicine.

The bonus does not apply to the faculty member’s base salary. The bonus continues for eligible faculty each year provided the faculty member continues to receive facilities and administrative cost recovery bearing research or education/training funds that meet the eligibility requirements stated above. The bonus is terminated when facilities and administrative cost recovery bearing research or education/training funding ceases. Although the amount of the bonus award in subsequent years of facilities and administrative cost recovery bearing research or education/training funding may increase or decrease depending on the faculty member’s overall academic performance, the bonus cannot exceed 30 percent.

Academic performance will be measured using the criteria developed by the Chair for evaluating faculty productivity.

D. Awarding Merit

1. Awarding of merit/bonus incentive is based on the percent effort a faculty member devotes to the funded research or education/training project as the Principle Investigator. Example: Faculty member receives 20% salary support
on a facilities and administrative cost recovery bearing research or education/training grant, the grant’s total F&A cost recovery for the fiscal year is $100,000. Twenty-five (25%) of the $100,000 ($25,000) is placed in his/her research and scholarly activity incentive fund account.

A 10% merit/bonus incentive could apply to all facilities and administrative cost recovery bearing research and education/training grants/contracts in which a minimum 20% of the faculty member’s salary is budgeted. In the above example, the faculty member would receive a merit incentive payment of $2,500 (10% of $25,000).

2. Faculty/investigator is eligible to receive the merit/bonus incentive on each facility and administrative cost recovery bearing research and education/training grant with 20% of their salary funded by the grant. It is mandatory that all faculty investigators charge the grant the amount of their salary that is equivalent to the time and effort they will devote to the grant.

3. Merit/bonus incentives will depend on the faculty member’s overall scientific productivity as determined by the chair. All awards must be approved by the President, Provost and Dean of the School of Medicine.

4. Faculty is eligible to receive a merit/bonus based on incentive funds received in the prior fiscal year. The amount of the merit/bonus may vary from year to year depending on changes to the percent effort the faculty member devotes to the grant, how well the grant is progressing (i.e., are the objectives, specific aims, goals being met), the productivity of the faculty member (i.e., publications, other grants/contracts, etc.), and amount of funds in the faculty member’s incentive account.

E. Considerations:

In recommending an award, the departmental chairs and faculty members must carefully determine what impact using incentive funds for bonuses will have on their overall continued research and education productivity. Previously, incentive funds have been used solely for purchase of equipment, technician and post-doctoral salaries, supplies, pilot research studies, and in some cases, to support a faculty member’s research program between extramural grants. The use of funds
for a bonus award must be carefully considered as funds from the department, Research Office or from the President, Provost and Dean of the School of Medicine to support a faculty member’s research program should they lose grant funding may be limited and perhaps unavailable.

F. Effective Date:

The effective date of the Merit/Bonus incentive is July 1, 1997. Research grants/contracts obtained/awarded on July 1, 1997 and thereafter will be eligible. Incentive funds accumulated prior to July 1, 1997 are not eligible. Education/training grants obtained/awarded/renewed on July 1, 2004 and thereafter will be eligible.

Approved by the Board of Visitors on 2/10/09
INTRAMURAL SUPPORT FOR RESEARCH: INSTITUTIONAL GRANTS PROGRAMS

General

Intramural research grants are made available through several programs, the structure and mission of which are subject to change as the needs of the institution and the faculty evolve. At present, two such programs rely on funds allocated by the President, Provost and Dean of the School of Medicine on a yearly basis. One of these programs has the mission of helping new investigators and established investigators that are changing research direction, to pursue pilot projects that will allow them to be more competitive for extramural funding mechanisms. A second program supplies bridge grants to faculty who have a history of continuous funding, but are experiencing a temporary lapse in support. The details of these programs are subject to change, and more information should be obtained from the Office of Research.

Additional small grant programs are occasionally available through special grants from extramural sources (e.g. the NIH, professional societies) that allow the institution to distribute grants to investigators as deemed appropriate. These programs, when granted to a program director or faculty member, are usually administered through a specific programmatic format that may reside outside of the Office of Research. However, the Office can serve as a basic resource on the availability of such programs, their emphasis, and one’s eligibility to apply.

New Investigator/Director Grant Program

One year grants for a maximum of $15,000 are made available through institutional research funds to faculty with an appointment at the level of assistant professor and above. There are two funding cycles for these grants: Spring submissions are considered for funding on a July 1-June 30 cycle, and Fall submission are considered for a January 1-December 31 cycle. Calls for proposals are issued in each case, usually two months before the submission deadline. The purpose of this program is to encourage and support the development of high quality research endeavors in the medical sciences. Applications are reviewed for scientific merit by the Research Committee and, on occasion, selected ad hoc members from the medical school faculty. The Research Committee generally follows standard peer review procedure used by NIH study sections. All applications are evaluated on the basis of scientific merit, publications, and implications for extramural funding. The appropriateness and justifications of the budget are also to be considered in the review of grants. An eligible faculty member may submit only one application during each review period as principal investigator, but there is no limit on the number of applications on which an eligible individual may appear as a co-investigator. Awarded funds will not be made available for use until approval by the appropriate regulatory committees, and therefore it is highly recommended that protocols be submitted to those committees prior to submission of the grant application.

During the interval of funding of an Institutional Grant, if funding is obtained for the project from an extramural source, the Director – Office of Research, in consultation with the Research Committee, may request the return of unexpended funds. At the conclusion of the grant period, progress reports are required within thirty days of the expiration date of the project and at one and two year intervals following the end of the award. This allows tracking of the effectiveness of the program.

Bridge Grant Program

Bridge grants are a targeted funding mechanism and are awarded to faculty members to allow them to retain continuity of their research program while in the process of preparing a re-submission of a competing renewal for extramural grant funds. Eligibility for bridge grants is restricted to faculty preparing a re-submission of an extramural, indirect cost-bearing grant for the NIH, NSF, or equivalent
granting agency that includes a potential for long term funding through competitive continuation. These grants are restricted to those faculty in the process of applying for a competing renewal, as opposed to a new grant. A faculty member who is not awarded funding on an initial competing renewal application is eligible to apply. This includes all full-time faculty members in the clinical or basic science departments.

Bridge grant applications are accepted anytime during the year. These applications are reviewed for both scientific merit and financial need. Criteria that are particularly important for successful submission include evidence of an ability to sustain a productive and funded ongoing research program, productivity during the previous granting cycles, level of enthusiasm for the project described by the Summary Statement or equivalent review (i.e., priority score, percentile, etc.), and the strategy and potential of the investigator to correct the deficiencies in the grant application.

Financial need is assessed with regard to the current funds available to the investigator to support the study, the effort made by the investigator to obtain other funding, and departmental support of the project. While there is no specific limit on the amount that can be requested through this program, budget requests are expected to represent the minimum that will allow the investigator to remain productive during the gap associated with an extramural agency’s review cycle.

**Medical Student Summer Research Stipends**

Another institutionally supported program provides a stipend to medical students during the summer between their first and second years that allows them to conduct research with a designated faculty mentor. These funds also include a small appropriation to the faculty member to defer the costs of supplies needed for the project. Applications for these awards are competitive as the numbers of awards are limited. Applications are submitted in early spring, for funding that begins in late May or early June. Review of applications is provided by the Research Committee. This is a 10 week program and the faculty sponsor plays an active role in the application process. Faculty who are interested in participating in this program are invited to file an abstract describing their research efforts with the Office of Research. These materials are made available to students during the interval following the call for proposals to aid students in identifying potential mentors.

**Other Institutional Granting Programs**

Other programs for supporting faculty or students, but which are dependent on extramural sources are variable in their availability. Faculty are informed of them as they become available. Faculty should contact the Office of Research to determine what programs may be available for them to obtain funding of their research efforts.

Any funds remaining at the end of the award period revert back to the institutional research funds. Expenditures must be in accordance with the General Spending Policy located in Section 14.11 of the Financial Affairs Policy and Procedures Manual.
INTELLECTUAL PROPERTY POLICY

The purpose of this Intellectual Property Policy is to establish rules and procedures applicable to patentable inventions, works subject to copyright protection and other intellectual property conceived or developed in the course of performance of work and research under the auspices of Eastern Virginia Medical School (EVMS). It does so by defining (a) how intellectual property developed or created by EVMS faculty and others working under the auspices of EVMS will be identified and protected; (b) how ownership and usage rights in such intellectual property will be shared among EVMS, the inventors and creators of such intellectual property, and third parties that might sponsor or be involved in its creation or development; and (c) how such intellectual property will be managed and how revenues from its commercialization will be shared. This Intellectual Property Policy is comprised of a Patent Policy (Section I below), a Copyright Policy (Section II below) and Terms Applicable to both Patent and Copyright Matters (Section III below).

I. PATENT POLICY

The policy of Eastern Virginia Medical School (EVMS) is to consider and, where deemed appropriate by the EVMS Office of Technology Transfer pursue the patenting, licensing, and commercialization of any Invention to which EVMS has or acquires ownership rights.

A. Goals

By adopting this Patent Policy EVMS intends to:

1. Stimulate basic and applied research within the educational, research, and clinical activities of the School and enhance collaboration.

2. Motivate discovery of practical applications of research by rewarding Inventors for their Inventions.

3. Evaluate all EVMS Inventions and acquired Independent Inventions for development, patentability, and licensing potential.

4. Insure that EVMS and EVMS Inventors receive equitable shares of the financial returns from Inventions resulting from EVMS Activity.

5. Coordinate and evaluate the use of EVMS Inventions in the public interest.

B. Purpose

It is the purpose of this Patent Policy to set forth the rules governing the relationship of EVMS Inventors, EVMS, other associated Inventors, and outside sponsors supporting research within EVMS. This policy governs the ownership and disposition of rights in EVMS Inventions and related intellectual property and applies to all EVMS Members.
C. Objectives

In general, EVMS objectives include the dissemination of existing knowledge, the acquisition of new knowledge and understanding, the training of students, residents and fellows, and the stimulation of a spirit of inquiry. However, useful Inventions may result from EVMS Activity. When this occurs, EVMS will, where deemed appropriate by the EVMS Office of Technology Transfer, endeavor to protect and control the use of such Inventions under this Patent Policy and, the patent laws of the United States and other countries.

The Director of the EVMS Office of Technology Transfer, under the direction of the EVMS President, may exercise broad discretion for the development and protection of EVMS Inventions, patents, and other intellectual discoveries and may act for EVMS in all matters involving intellectual properties, including the making of contracts and the waiving, assigning, or transferring of EVMS rights consistent with law and this Patent Policy.

D. Definitions

Wherever they are used in this Patent Policy the following terms have the following meanings:

1. “EVMS Activity” is defined as any activity conducted under circumstances in which any one or more of the following conditions are present.

   a. Research, educational, clinical or other activity conducted by any EVMS Member(s) in connection with their employment or engagement by or other association with EVMS; for example, work performed by EVMS Members acting in the course of, and within the scope of, their employment; or

   b. Research, educational, clinical or other activity conducted by any EVMS Member(s) using EVMS funds, time, facilities, equipment, materials or proprietary information; for example, work carried out by EVMS Members within facilities owned, operated or controlled by EVMS; or

   c. Research, educational, clinical, or other activity conducted by any EVMS Member(s) in the course of projects or undertakings sponsored or supported in whole or in part by funds or other resources provided or administered by or through EVMS; for example, work carried out by EVMS Members under a grant obtained by EVMS.

2. “EVMS Expenses” is defined, with respect to any Invention, as EVMS’ expenses related to the research, testing, development, licensing, marketing or commercialization of such Invention, or to pursuing, obtaining, maintaining or defending patent and other legal protections and rights in or for such Invention, to the extent such expenses are not reimbursed to EVMS from grant, sponsor or other third party sources, as well as such other expenses as may be allocated to any Invention by agreement of EVMS and the EVMS Inventor(s) of such Invention. EVMS Expenses with regard to any Invention shall in each case be determined in good faith by the Director of Finance in consultation with the Office of Technology Transfer whose determinations with regard to EVMS Expenses shall be conclusive.
3. “EVMS Invention” is defined as an Invention which resulted in whole or in part from EVMS Activity, or is invented, discovered, conceived, created, made or first reduced to practice as a part or in the course of EVMS Activity by an EVMS Inventor.

4. “EVMS Inventor” is defined as an EVMS Member who invents, discovers, conceives, creates, makes or reduces to practice any Invention.

5. “EVMS Member” is defined as any individual within one or more of the following groups: EVMS full-time and part-time faculty, EVMS community faculty, EVMS classified and unclassified employees, EVMS administrative staff, paid EVMS student assistants, EVMS students, residents, fellows and trainees, EVMS visiting faculty and researchers, EVMS employees and visitors covered by sponsored program agreements or other contractual arrangements, and any other person or group that uses or is aided by EVMS resources.

6. “Improvement” is defined, with respect to any Invention, as any change or modification to such Invention that could improve or enhance its functionality, efficiency or commercial value, or any new Invention that is derived in whole or in part from such original Invention, or includes any or all of the features of such Invention or is otherwise directly related to such Invention.

7. “Independent Invention” is defined as an Invention which did not result in whole or in part from EVMS Activity and is not invented, discovered, conceived, created, made or first reduced to practice as a part or in the course of EVMS Activity by an EVMS Inventor.

8. “Invention” is defined as any trade secret, know how, technology, process, machine, article of manufacture or composition of matter, or any idea that enhances the functioning of research, educational, clinical or administrative practices, or any Improvement of any of the foregoing. An Invention may or may not be patentable.

9. “Invention Assignment Form” is defined as the form required to be filed with the Office of Technology Transfer, which assigns each EVMS Invention to EVMS. The Invention Assignment Form is located on the internet at http://www.evms.edu/research/technology/docs/assignment-form.pdf.

10. “Invention Disclosure Form” is defined as the form required to be filed with the EVMS Office of Technology Transfer after any Invention is identified by an EVMS Member. The Invention Disclosure form is located on the internet at http://www.evms.edu/research/technology/docs/disclosure.pdf.

11. “Invention Income” is defined, with respect to any Invention, as any value received by EVMS with respect to such Invention, or by any EVMS Inventor before or after disclosure to EVMS of such Invention in consideration for licensing or other commercial exploitation or for use of such Invention, or for any transfer of any right, title or interest in or to such Invention. Invention Income includes, but is not limited to, expense reimbursements, option fees, license fees, patent application and progress fees, registration fees, and royalty income.

12. “Inventor” is defined as any person who invents, discovers, conceives, creates, makes or reduces to practice any Invention.
13. “Net Invention Proceeds” is defined, with respect to any Invention, as gross Invention Income less EVMS Expenses.

E. Assignments and Disclosures

1. Each EVMS Invention shall be deemed to be the property of EVMS, shall be disclosed to EVMS by its EVMS Inventor(s) in an Invention Disclosure Form prescribed by the EVMS Office of Technology Transfer, and shall be assigned to EVMS using an Invention Assignment Form prescribed by the Office of Technology Transfer.

2. Within thirty (30) days after any Invention is identified by its EVMS Inventor(s), the EVMS Inventor(s) shall notify the EVMS Office of Technology Transfer that an Invention has been made, by completing and filing the prescribed Invention Disclosure Form, which requires the signatures of the Chair(s) of the Inventor(s) primary department(s) and the President, Provost and Dean of the School of Medicine.

3. As part of the Invention Disclosure Form filing, all EVMS Inventors should agree on their respective percentage contributions to inventorship of the Invention, and all EVMS Inventors should agree on how they would like their share of Net Invention Proceeds from the Invention shared among them. If a disagreement exists among co-Inventors with regard to their respective percentage contributions to inventorship, or if disagreement exists among joint EVMS Inventors with regard to their desired sharing of Net Invention Proceeds, it should be so stated in the Invention Disclosure Form for later resolution in accordance with this Intellectual Property Policy.

4. If there are any Inventors who are not EVMS Inventors involved in the invention, discovery, conception, creation or reduction to practice of any Invention with an EVMS Inventor, the EVMS Inventor(s) of such Invention shall ask each non-EVMS co-Inventor to complete and sign the Invention Disclosure Form along with the EVMS Inventor(s), and make all reasonable efforts to obtain their signatures on the Invention Disclosure Form. For any non-EVMS co-Inventors who do not sign the Invention Disclosure Form, the EVMS Inventor(s) involved shall fairly estimate the inventorship contribution of each such non-EVMS co-Inventor for purposes of the Invention Disclosure Form. EVMS Inventors shall also disclose in the Invention Disclosure Form, to the extent known to them, each such non-EVMS Member’s employment or other relationship with any non-EVMS educational institution(s) or other organization(s).

5. At any time after the filing of the Invention Disclosure Form, EVMS Inventors may submit a directive to the Office of Technology Transfer that is contrary to the initial Invention Disclosure Form and which modifies the desired sharing of Net Invention Proceeds.

6. Within thirty (30) days of the filing of an Invention Disclosure Form, the Office of Technology Transfer will notify the EVMS Inventors of its decision whether the Invention is an EVMS Invention. If the Office of Technology Transfer determines that an Invention is an EVMS Invention, the EVMS Inventor(s) shall assign all of their rights to such EVMS Invention to EVMS within thirty (30) days of notice by the Office of Technology Transfer that the Invention is an EVMS Invention, by executing and filing with Office of Technology Transfer an Invention Assignment Form. Each EVMS Inventor who is or may be a co-Inventor or a contributor to the invention, discovery,
conception, creation or reduction to practice of the EVMS Invention must sign the Invention Assignment Forms.

7. If an EVMS Inventor believes that an Invention is an Independent Invention, EVMS Inventors should be prepared to provide documentation of the independence of such Inventions before a final determination is made by the EVMS Office of Technology Transfer. Disagreement with any such determination by the Office of Technology Transfer must be noted by the Inventor(s) in writing to the Office of Technology Transfer within thirty (30) days after notification of the determination, and will then be resolved in accordance with pertinent provisions of this Intellectual Property Policy.

8. If any Invention is determined to be an Independent Invention, the Inventor(s) may voluntarily assign it to EVMS, but no Inventor is under any obligation to do so and EVMS is under no obligation to accept any such assignment. Should EVMS not accept assignment of any Independent Invention, the Inventor(s) will be free to patent, license, manufacture, and market the Independent Invention at their own expense. However, should any Improvement be made to the Invention in the course or as a result of EVMS Activity, the Improvement will be an EVMS Invention under, and treated as such in accordance with, this Patent Policy. EVMS reserves the right to assert its rights to such Improvements, and each EVMS Member is responsible for notifying EVMS of all such Improvements promptly upon becoming aware of them by filing a new Invention Disclosure Form.

9. Following its receipt of the Invention Assignment Form for any EVMS Invention, the EVMS Office of Technology Transfer will undertake an evaluation of the commercial potential of the EVMS Invention utilizing the information provided with the disclosure, discussions with the Inventor(s) and other means or resources the Office of Technology Transfer deems appropriate. The Office of Technology Transfer may, but will in no case be obligated to, elect to seek an evaluation from an outside patent assessment/administration group with regard to the commercial potential of any EVMS Invention.

10. After evaluation of the EVMS Invention, if the decision to retain the assignment of any Invention is made by the EVMS Office of Technology Transfer, the EVMS Office of Technology Transfer will pursue patent protection. The patent application(s) will be written by EVMS’ patent counsel in association with the Inventor(s), using Invention Disclosure Form information and other information obtained from the Inventor(s). The Office of Technology Transfer may consider and pursue other alternatives, apart or simultaneous with patent application, such as licensing and/or options to third parties, and take such other actions as the Office of Technology Transfer may deem appropriate to promote and exploit any assigned Invention.

11. If after the evaluation of the EVMS Invention the decision to not retain the assignment of any Invention is made by the EVMS Office of Technology Transfer, the Office of Technology Transfer shall reassign such EVMS Invention to the assigning Inventor(s). If EVMS makes an election to reassign, the Office of Technology Transfer will give the Inventor(s) written notice of this decision within ninety (90) days after submission to the Office of Technology Transfer of the completed Invention Disclosure and Invention Assignment Forms relating to the EVMS Invention. The ninety (90) day time-frame for reassignment may be extended at the discretion of the Director of the EVMS Office of
Technology Transfer, in which event the Inventor(s) shall be notified in writing of the extension.

12. EVMS may decide to discontinue pursuit of any patent application on any EVMS Invention at any time, for any reason, in which case EVMS may reassign such EVMS Invention back to its Inventor(s) and may elect to retain certain or continuing rights in reassigned Inventions. Following reassignment of any Invention, the Inventor(s) will be free, at their own expense, to take appropriate actions to obtain patent protection for the Invention and otherwise exploit and develop the Invention.

13. If it is subsequently determined that there is an Improvement to a reassigned Invention, or that additional know how, technology or other value has been added in the process of perfecting the Invention for patenting or commercial exploitation, EVMS may exercise these rights. EVMS Inventors are responsible for disclosing and assigning such subsequent Improvements to EVMS to the Office of Technology Transfer by filing updated Invention Disclosure and Invention Assignment Forms with the Office of Technology Transfer.

14. If the EVMS Office of Technology Transfer deems it appropriate at any time with respect to any EVMS Invention, the Office of Technology Transfer will review and may revise allocations of inventorship and Net Invention Proceeds set forth in the Invention Disclosure Form for the Invention. If such review results in revision of the inventorship or distribution percentages set forth in the Invention Disclosure Form, the Office of Technology Transfer will give written notice of such revision(s) to the EVMS Inventors listed in the form. Such revisions will become effective and binding on all the Inventors thirty (30) days after such notice, unless within such 30-day period the Office of Technology Transfer receives written notice from any of the Inventors of his or her disagreement with the revisions. Any such disagreement will be resolved in accordance with applicable provisions of this Intellectual Property Policy.

15. Determination of inventorship for any Invention involves application of patent law rules and principles to the facts and circumstances of any given case. A patent application must correctly identify and name all co-Inventors, and may not name as an Inventor any party who is not such based on proper application of patent law rules and principles. Final determinations of inventorship will in all cases be made by the EVMS Office of Technology Transfer with assistance of EVMS’ patent counsel. In some cases these determinations of inventorship may result in changes to the allocations of inventorship contributions and Net Invention Proceeds specified in Invention Disclosure Forms.

16. Early peer-reviewed publication of results is a major objective of every academic institution. However, premature publication of any Invention could jeopardize its future licensing and patent potential. EVMS Inventors must defer all public disclosure and publication of any Invention until such time as disclosure to and review by EVMS has been completed in accordance with this Patent Policy. All public disclosures of EVMS Inventions through press announcements, conference presentations, grant or sponsorship applications or any other means must be approved in advance by the EVMS Office of Technology Transfer. Any public use of or commercial activity (for example, an offer to sell) with regard to an Invention can also jeopardize its future licensing and patent potential. Consequently, all such activities related to EVMS Inventions must also be approved in advance by the EVMS Office of Technology Transfer.
F. Distribution of Income

1. Whenever it receives Invention Income with regard to an EVMS Invention, EVMS will first deduct/recover all EVMS Expenses with regard to the EVMS Invention, and then determine the Net Invention Proceeds available for distribution. In determining EVMS Expenses, the Office of Financial Services may utilize assistance and data obtained from the Inventor(s), Department Chair(s), and other sources the Office of Financial Services deems necessary or appropriate.

2. After EVMS has recovered any and all EVMS Expenses, the Net Invention Proceeds will be allocated and distributed as follows:
   a. To the Inventor(s) (1/3)
   b. To the Inventor(s) primary department at the time of Invention (1/3)
   c. To EVMS (1/3)

3. For any EVMS Invention, EVMS may enter into an agreement with another entity or entities that addresses the intellectual property arrangement between the parties, including, but not limited to, intellectual property ownership, patent prosecution, marketing, licensing, license management, expense recovery, and revenue distribution. When EVMS is the recipient and administrator of the Invention Income, EVMS shall pay any amounts due to the other party under the terms of the agreement prior to the internal distribution of Net Invention Proceeds in accordance with Section F.2 above.

4. The Office of Financial Services and the Office of Technology Transfer will calculate Invention Income, EVMS Expenses and Net Invention Proceeds and distribute any share of Net Invention Proceeds to which any Inventor is entitled within sixty (60) days after the receipt of Invention Income. Together with each distribution, EVMS will provide the Inventor with a statement showing calculation of his/her distribution, and pertinent information regarding licensing or other commercial activity that resulted in the distribution. These payments are subject to the Internal Revenue Service regulations.

5. The President, Provost and Dean of the School of Medicine with the approval of the EVMS Board of Visitors, and utilizing information and recommendations from other sources as the President, Provost and Dean of the School of Medicine deems necessary or appropriate, may change the allocations of Net Invention Proceeds as between the Inventor(s) primary department(s) and EVMS from those set forth in Section F.2 above. The Inventor(s) proportional share of Net Invention Proceeds will not be changed by any such action.

6. Should this Patent Policy be revised or changed at any time the Inventor(s) rights under this Patent Policy, including the fractional portion of Net Invention Proceeds to which each is entitled, will remain the same as when the first Invention Disclosure and Invention Assignment Forms were submitted for the Invention involved in accordance with this Patent Policy, subject, however, to any revisions of such entitlements made in accordance with this Patent Policy.

7. With respect to the departmental portion of any Net Invention Proceeds, the Department Chair shall have final utilization and allocation authority within all applicable EVMS
policies, rules and regulations, subject, however, to any action by EVMS’ President, Provost and Dean of the School of Medicine pursuant to Section F.5 above.

8. With respect to the EVMS portion of any Net Invention Proceeds, EVMS’ President, Provost and Dean of the School of Medicine will have final utilization and allocation authority within all applicable EVMS policies, rules and regulations.

G. Contracts and Grants

1. Whenever EVMS Activity is conducted under a grant approved by EVMS, if any part of this Patent Policy conflicts with any term or requirement of such grant, the terms of such grant shall govern. Likewise, if any part of this Patent Policy conflicts with any applicable law or governmental regulation, the terms of such law or regulation shall govern. It is the policy of EVMS that all nongovernmental private sponsored research contracts must be in compliance with all applicable laws and regulations and to the extent feasible under the specific circumstances in any case, consistent with this Patent Policy and all other EVMS policies, rules and regulations. However, contracts with private sponsors may grant ownership interests or other rights in Inventions developed in the course of privately sponsored research to the private sponsors, in any case where EVMS deems such arrangements to be in the overall best interests of EVMS. In such cases the rights of the Inventor(s) will be subject to the terms of the arrangements between EVMS and the private sponsors, and may be less than the Inventor(s) would otherwise have received under this Patent Policy.

2. EVMS Members must be careful to avoid situations which could be considered conflicts of interest or violations of this Patent Policy when entering into agreements to provide consulting or other services to third parties, or agreements establishing joint venture or other relationships with third parties. Such situations might include, but are not limited to, ones which require EVMS Members to disclose or use proprietary EVMS knowledge, technology or licensing or patent information, and/or involve the assignment or allocation of licensing, ownership or other rights in Inventions to third parties. All such situations and agreements must be disclosed to and approved in advance in writing by the Director of the EVMS Office of Technology Transfer. EVMS Members may not enter into any agreements with outside persons or organizations that are inconsistent with EVMS’ rights and interests with regard to patents and other intellectual property as stated in or established pursuant to this Patent Policy, nor transfer any rights or materials relating to or embodying intellectual property subject to this Patent Policy, without the express prior written consent of the Director of the EVMS Office of Technology Transfer.

3. Cooperative or sponsored research agreements carried out by EVMS Members within any EVMS Activity must not transfer, assign or license ownership or other rights to any existing or potential Invention in consideration for research funds or otherwise unless approved by the Director of the EVMS Office of Technology Transfer. Any sponsor must pay a competitive price for the use of the Invention, which shall be determined by the EVMS Office of Technology Transfer at the time the technology is available for use and not earlier.

4. EVMS Inventors may not obtain, sell, assign, transfer or license any Invention or obtain any Invention Income with respect to any Invention, or attempt to do any of these things, prior to disclosure and assignment (if required by this Patent Policy) of the Invention to EVMS. After disclosure and assignment of any Invention to EVMS, the Inventor(s) may

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do these things in conjunction with the EVMS Office of Technology Transfer, but not independently.

5. EVMS Inventors must fully disclose to EVMS any economic and/or other relationship they may have with any third party, individual or entity to which Invention rights may be assigned or licensed, or which might otherwise have grounds to claim rights in or to any EVMS Invention based on such relationship. In such situations, the distributions of Net Invention Proceeds under paragraph F.2 above may be changed by the Director of the EVMS Office of Technology Transfer, with the concurrence of EVMS’ President, after review of the facts underlying such relationships.

II. COPYRIGHT POLICY

It is the policy of EVMS to foster and encourage the creation of copyrightable works by its faculty and others associated with the School, to leave ownership of such works and the copyrights in them with their creators in appropriate cases, but to retain rights for EVMS to use all such works in connection with its educational and research missions. Copyrights in certain works created by EVMS faculty and others associated with the School will be owned by EVMS, and ownership of copyrightable works will depend in each case on the category of the work and the status of its creator, as detailed more fully in this Copyright Policy. This Copyright Policy applies to all works of any type that are protectable under United States or other applicable copyright laws, other than computer software and programs and other copyrightable materials within the definition of “Inventions” in the EVMS Patent Policy (Section I above). Rights and obligations with regard to those materials are governed by the Patent Policy and not by this Copyright Policy.

A. Definitions. Wherever they are used in this Copyright Policy, terms defined in the EVMS Patent Policy have the meanings given to them there, and the following terms have the following meanings:

1. “Directed Works” are defined as works that are specifically funded by or created at the direction of EVMS. Such funding need not constitute Exceptional Use of EVMS Resources in order for the work to be considered a Directed Work. Directed Works also include works created by Faculty Members in an institute, center, department, or other unit that, with approval of EVMS’ President, has adopted rules providing that copyright in materials prepared by faculty in the course of their professional work or in the course of study with that unit vests in EVMS and not in the creator of the materials.

2. “Exceptional Use of EVMS Resources” is defined as EVMS support for the creation of a work with resources of a degree or nature not routinely made available to Faculty Members. Exceptional Use of EVMS Resources may include but is not limited to:

   a. Waiver of fees normally required to use specialized EVMS resources or facilities, such as equipment, production facilities, service laboratories, specialized computing resources, and studios;
   b. EVMS funding or gifts in support of the work’s creation; and
   c. Reduction in levels of teaching, service or other typical EVMS activities (e.g., course load, student advising responsibilities, division meetings, office hours, administrative responsibilities) specifically to facilitate creation of the work.
Ordinary or limited use of computers, laboratory space, libraries, office space or equipment, routine secretarial services at routine levels, telephones, and other informational resources shall not be considered Exceptional Use of EVMS Resources.

3. “Faculty Member” is defined as any full-time or part-time EVMS faculty employee.

4. “Non-Faculty Employee” is defined as any full-time or part-time employee of EVMS who is not a Faculty Member. Non-Faculty Employees include but are not limited to EVMS classified and unclassified employees, EVMS administrative staff and paid EVMS student assistants.

5. “Sponsored or Externally Contracted Works” are defined as works developed using funds supplied under contracts, grants and other arrangements between EVMS and third parties, including sponsored research agreements.

6. “Student” is defined as any EVMS student, resident, fellow or trainee.

7. “Student Works” are defined as papers, theses, dissertations, artistic and musical works, and other creative works made by Students.

8. “Traditional Non-Directed Works” are defined as pedagogical, scholarly, literary, or aesthetic (artistic) works resulting from non-directed effort. Such works may include, but are not necessarily limited to, textbooks, manuscripts, scholarly works, fixed lecture notes, distance learning materials not falling into one of the other categories of this Copyright Policy, works of art or design, musical scores, poems, films, videos, audio recordings, or other works of the kind that have historically been deemed in academic communities to be the property of their creators.

9. “Traditional Non-Directed Work Involving Exceptional use of EVMS Resources” is defined as any Traditional Non-Directed Work the creation of which was supported by, or utilized, or received the benefit of, or otherwise involved, Exceptional Use of EVMS Resources.

10. “Works Made for Hire” are defined as:

   a. Any work prepared by a Non-Faculty Employee within the scope of his or her employment;

   b. Any work specifically ordered or commissioned for use as a contribution to a collective work, as a part of a motion picture or other audiovisual work, as a translation, as a supplementary work, as a compilation, as an instructional text, as a test, as answer material for a test, as an atlas, or as any other type of work, if the creator of the work expressly agrees in writing that the work will be considered a work made for hire; and

   c. Any work produced for EVMS by an independent contractor.
B. Works Created by Faculty Members.

a. Traditional Non-Directed Works.

a. Ownership.

i. The Faculty Member creator of a Traditional Non-Directed Work shall own the copyright in the work unless it is a Traditional Non-Directed Work Involving Exceptional Use of EVMS Resources, a Directed Work, a Sponsored or Externally Contracted Work requiring EVMS’ ownership of copyright or a Work Made for Hire.

ii. As a condition of employment, each Faculty Member creator of a Traditional Non-Directed Works shall be deemed to have granted EVMS a non-exclusive, non-transferable, royalty-free license to use and permit others to use the work for EVMS’ own educational and research purposes, unless such a license will impede scholarly publication or similar activities.

iii. Traditional Non-Directed Works for which authorship cannot be attributed entirely to one or more identifiable authors but instead resulted from simultaneous or sequential contributions over time by multiple authors, some of whom cannot be specifically identified, shall be owned by EVMS.

b. Commercialization; Assignment to EVMS. Where an EVMS Faculty Member creator of a Traditional Non-Directed Work desires assistance from EVMS in commercializing the work, the creator shall report the work to the EVMS Office of Technology Transfer using such forms and procedures as the Office may require. The Office will not be obligated to accept any such work for commercialization, but if in its discretion it does so in any case, it will undertake reasonable efforts to commercialize the work. If EVMS is to be involved in commercializing a Traditional Non-Directed Work, the creator shall assign the work to EVMS using an assignment form provided by the EVMS Office of Technology Transfer, which will include provisions outlining the commercialization responsibilities of EVMS and a mechanism for the sharing of commercial proceeds with the creator.

c. Allocation of Commercialization Proceeds. When any Traditional Non-Directed Work is assigned to EVMS and commercialized by EVMS, income from such commercialization shall be apportioned and distributed as though the work was an EVMS Invention under the EVMS Patent Policy.

b. Traditional Non-Directed Works Involving Exceptional Use of EVMS Resources.

a. Ownership. Traditional Non-Directed Works Involving Exceptional Use of EVMS Resources shall be owned by EVMS. Whether any given work involves Exceptional Use of EVMS Resources shall be determined initially by the Chair of the Department in which the creator has principally been involved or from which the creator has received resources to fund the work, taking into account the nature and amount of resources customarily made available to faculty in that Department for similar work.

b. Release to Creator. The President, Provost and Dean of the School of Medicine of EVMS, with support from the Department Chair involved, may release or transfer EVMS’ rights in a Traditional Non-Directed Work Involving Exceptional Use of
EVMS Resources to the work’s creator through an appropriate written agreement.

c. Release Agreement. Any agreement for release or transfer to a creator of EVMS’ rights in a Traditional Non-Directed Work Involving Exceptional Use of EVMS Resources shall include provisions that:

i. EVMS shall have a non-exclusive, non-transferable, royalty-free license to use and permit others to use the work for EVMS’ own educational and research purposes; and

ii. If commercialization of the work generates income, either (a) the creator shall reimburse EVMS for the Exceptional Use of EVMS Resources involved in creation of the work, or (b) the creator shall share income from such commercialization with EVMS in an amount to be negotiated between the creator and the EVMS Office of Technology Transfer. Proceeds to EVMS from commercialization shall be allocated as directed by EVMS’ President, Provost and Dean of the School of Medicine or his designee.

d. Selection of Release Options. The Director of the EVMS Office of Technology Transfer, after consultation with the creator’s Department Chair, shall determine which of the options available under paragraph (c)(ii) above is to be selected in conjunction with the release of any work to its creator.

e. Joint ownership. In addition to discretionary release or transfer to the creator of a Traditional Non-Directed Work Involving Exceptional Use of EVMS Resources under paragraphs (c) and (d) above, the EVMS Office of Technology Transfer may alternatively negotiate with the creator for joint ownership of the work and sharing of income from the work. The Office will consult with the department chair involved in advance of, and keep such Department Chair(s) apprised of developments in, any such joint ownership negotiation.

f. Appeal. Disputes regarding whether a work is a Traditional Non-Directed Work Involving Exceptional Use of EVMS Resources shall be resolved under the dispute resolution procedures specified below. However, decisions regarding financial terms made under paragraph (c)(ii) above shall not be subject to appeal. In the event that the creator and EVMS are unable to reach agreement regarding such financial terms, ownership of the work at issue shall remain with EVMS.

c. Directed Works.

a. Ownership. EVMS shall own the copyrights in all Directed Works created by Faculty Members. Where practicable in the estimation of the creator’s Department Chair, and subject to any additional terms or limitations made necessary by EVMS licensing agreements or other obligations, the creator shall be granted a non-exclusive, non-transferable, royalty-free license to use the work for the creator’s own educational and research use.

b. Release. EVMS may release or transfer EVMS’ rights in a Directed Work to the work’s creator or agree to joint ownership of the Directed Work, subject to the same requirements, process and procedures as are applicable to release or joint ownership of Traditional Non-Directed Works Involving Exceptional Use of EVMS Resources under paragraphs 2(b)-(e) above.
c. Appeals. Disputes regarding whether a work is a Directed Work shall be resolved under the dispute resolution procedures specified below. However, decisions regarding financial terms with regard to any Directed Work released to its creator shall not be subject to appeal. In the event that the creator and EVMS are unable to reach agreement regarding such financial terms, ownership of the work at issue shall remain with EVMS.

d. Sponsored or Externally Contracted Works.

a. Ownership.

i. Unless the agreement under which a work is created expressly requires copyright ownership by EVMS or conveyance of rights to a third party, the Faculty Member creator of a Sponsored or Externally Contracted Work shall own the copyright in the work.

ii. As a condition of employment, each Faculty Member creator of a Sponsored or Externally Contracted Work shall be deemed to have granted EVMS a non-exclusive, non-transferable, royalty-free license to use and permit others to use the work for EVMS’ own educational and research purposes.

iii. EVMS will own a Sponsored or Externally Contracted Work where the relevant agreement requires copyright ownership by EVMS or conveyance of rights to a third party, in which case EVMS will convey rights to the third party as required. In each such case the creator of the work shall be required to report the work to the EVMS Office of Technology Transfer and assign all his or her rights in the work to EVMS, using such forms and procedures as the Office may require. Where a proposed sponsored research agreement or research grant will require that copyrightable works be owned by EVMS or a third party, the EVMS Office of Technology Transfer should inform the relevant Faculty Member(s) of the copyright provisions and secure the consent(s) of such Faculty Member(s) to such provisions before the agreement is signed or the grant accepted.

b. Release. EVMS may release or transfer EVMS’ rights in a Sponsored or Externally Contracted Work owned by EVMS to the work’s creator if EVMS has ascertained that such release or joint ownership will not conflict with the terms of the relevant agreement or grant, or has obtained the written consent of the other party to the agreement or grant to such release or joint ownership. Any such release, transfer or joint ownership shall be subject to the same requirements, process and procedures as are applicable to release or joint ownership of Traditional Non-Directed Works Involving Exceptional Use of EVMS Resources under paragraphs 2(b)-(e) above.

C. Works Created by Non-Faculty Employees.

Ownership. Copyright and all other rights in Works Made for Hire by Non-Faculty Employees shall be owned by EVMS. Exceptions to EVMS ownership may occur where:

a. EVMS, with approval of its President, Provost and Dean of the School of Medicine or his designee, enters into an agreement with a Non-Faculty Employee in advance of creation
of a work specifying that the work shall be owned in whole or in part by the Non-Faculty Employee;

b. EVMS ownership is waived by the President, Provost and Dean of the School of Medicine or his designee; or

c. The work is a Traditional Non-Directed Work for which the EVMS Office of Technology Transfer waives EVMS ownership to the extent necessary to allow the Non-Faculty Employee creator(s) to assign rights to academic publishers for publication made with no more than nominal consideration to the creator(s).

D. Works Created by Independent Contractors.

Works produced for EVMS by independent contractors shall be considered Works Made for Hire and copyright and all other rights in such works shall be owned by EVMS. No EVMS unit or department shall enter into an arrangement for any work to be produced by an independent contractor without a written contract, signed by the independent contractor giving EVMS ownership of all copyrightable works produced by the independent contractor and requiring the independent contractor to execute assignments to EVMS of copyright and other rights in such works, as deemed necessary and advisable by the EVMS Office of Technology Transfer.

E. Works Created by EVMS Students.

Ownership and Use.

a. Students shall own copyrights in Student Works except in the following cases:

   i. Copyrights to Traditional Non-Directed Works, Traditional Non-Directed Works Involving Exceptional Use of EVMS Resources and Directed Works created by any Faculty Member(s) with Student assistance shall be owned by the Faculty Member(s) and/or EVMS, as specified in Section B above.

   ii. EVMS shall own the copyright in any Student Work that is a Sponsored or Externally Contracted Work.

   iii. EVMS shall own the copyrights in all Student Works created in the course of Students’ paid employment or engagement by EVMS, except in any case where one of the exceptions set forth in Section C.1 above applies.

b. Student Works that constitute classroom, laboratory, and other academic materials generated by Students in the instructional process shall not be used for commercial purposes by the Students generating such materials. Students have a limited right to use these materials for personal, educational purposes.

III. TERMS APPLICABLE TO ALL INTELLECTUAL PROPERTY MATTERS

A. The EVMS Office of Technology Transfer will be responsible for managing and administering patent processing and other actions to secure and protect rights with regard to all Inventions, copyrightable works and other intellectual property in which EVMS has or acquires any right, title or interest under this Intellectual Property Policy. EVMS’ President, Provost and Dean of the School of Medicine may designate an alternative office to handle the administrative process for a specific kind of Invention, work or other intellectual property. In
any case, the Director of the EVMS Office of Technology Transfer, acting under the direction of the EVMS President, Provost and Dean of the School of Medicine and in accordance with EVMS contracting policies and procedures, will have final signature authority concerning transfer and licensing of EVMS’ interests in all patents, Inventions, copyrightable works and other intellectual property.

B. All EVMS full-time and part-time employees shall be required to agree in writing to this Intellectual Property Policy by executing an EVMS PARTICIPATION/CONFIDENTIAL NON-DISCLOSURE AGREEMENT.

C. Questions of interpretation and disputes arising under this Intellectual Property Policy shall be submitted in writing to the EVMS Office of Technology Transfer, which will attempt to provide the requested interpretation and/or to assist in resolution of the dispute. If any question or dispute is not resolved within thirty (30) days after its written submittal to the Office of Technology Transfer, the party or parties involved may request its consideration by the Director of the Office. If the Director is unable to resolve the matter within sixty (60) days after its submittal to him, he may submit the matter to EVMS’ President, Provost and Dean of the School of Medicine for consideration.

The President, in his sole discretion, may (a) forward his recommended decision on the question or dispute to the appropriate EVMS Grievance Committee, or (b) establish a dispute resolution panel to conduct a hearing into the matter or make a recommendation based upon the written record, provided that all parties to the dispute shall in each case be given an opportunity to present evidence and arguments in support of their respective positions. Each party shall provide each other party to any dispute with a copy of any written materials submitted to the panel simultaneously with submission of such materials to the panel. Any hearing will be conducted following procedures established by the panel. No party shall have the right to be represented by counsel before the panel, but any party may be accompanied at a panel hearing by an advisor of such party’s choosing, who shall not participate in the hearing.

Each panel shall report its findings and conclusions to the President, Provost and Dean of the School of Medicine in writing along with a written recommendation for disposition of the matter within forty-five (45) days after appointment of the panel by the President; provided, however, that for good cause the President, Provost and Dean of the School of Medicine may extend the time period for such report by not more than an additional thirty (30) days. Copies of all findings, conclusions and recommendations of the panel shall be provided to all parties to the dispute. On receipt of such findings, conclusions and recommendations, the President, Provost and Dean of the School of Medicine shall issue a written decision in the matter to each of the parties to the dispute. The President, Provost and Dean of the School of Medicine decision shall be final and binding on all parties to the dispute and conclusive unless any party appeals such decision in writing to the EVMS Board of Visitors within fifteen (15) days after such party’s receipt of the President, Provost and Dean of the School of Medicine’s decision. The Board of Visitors shall review the appeal and shall render its decision in writing. The determination of the Board of Visitors shall be final, conclusive and binding on all parties to the dispute.

D. The EVMS Office of Technology Transfer may from time to time establish such processes and procedures as it deems necessary or desirable for implementation of this Intellectual Property Policy. It is recognized that situations, circumstances and issues relating to intellectual property subject to or other matters covered by this Policy may arise that are not
specifically addressed by its terms and provisions or by processes or procedures established pursuant to it. In each such case the EVMS Office of Technology Transfer will determine how the situation, circumstance or issue should be addressed or resolved in keeping with the intent of this Policy and the overall best interests of EVMS, and address the situation, circumstance or issue in accordance with such determination.

E. In any case where EVMS owns or obtains ownership of an Invention or creation pursuant to either the EVMS Patent Policy (Section I above) or Copyright Policy (Section II above), if the EVMS Office of Technology Transfer believes such Invention or creation is or may be subject to protection under both patent law and copyright law, the Inventor(s)/creator(s) of such Invention/creation shall assign all of their patent, copyright and other rights in such Invention/creation to EVMS using such assignment form(s) as the Office may require. On commercialization of such works, the Inventor(s)/creator(s) shall be compensated in accordance with the provisions of the EVMS Patent Policy. The EVMS Office of Technology Transfer may on its own initiative investigate whether any Invention reported to it under the EVMS Patent Policy might also be subject to copyright protection and/or whether any work reported to it under the EVMS Copyright Policy might also be an Invention subject to the EVMS Patent Policy.

F. This Intellectual Property Policy shall take effect upon its adoption by the EVMS Board of Visitors and shall cover all Inventions, copyrightable works and other intellectual property in which EVMS has or could obtain rights pursuant to the terms of this Policy, for which no previous agreements or assignments have been entered into by EVMS with the Inventor(s) or creators of same.

For more information on this Intellectual Property Policy and its implementation at EVMS, please contact:

EVMS Office of Technology Transfer
504 Andrews Hall
Eastern Virginia Medical School
721 Fairfax Ave.
Norfolk, VA 23507
(757) 446-5099

Approved Board of Visitors, November 14, 2006
ENVIRONMENTAL HEALTH & SAFETY/RADIATION SAFETY

Eastern Virginia Medical School (EVMS) is committed to providing a safe teaching and research environment consistent with State and Federal regulations. Regulations from the Nuclear Regulatory Commission (NRC), Occupational Safety and Health Administration (OSHA), Environmental Protection Agency (EPA) and various State and local agencies mandate vigilant use and disposal of hazardous materials. This is accomplished through a series of training courses, procedures manuals (Biosafety Manual, Chemical Hygiene Plan and Radiation Safety Manual) and laboratory evaluations performed by Environmental Health & Safety/ Radiation Safety (EH&S/RS).

1. **Bio-Safety.** Manipulation of microorganisms and primary tissue samples can be done with minimal risk to employees by observing basic microbiology techniques. The *EVMS Biosafety Manual* presents a set of procedures to safely use microorganisms and recombinant DNA while the *EVMS Exposure Control Plan* provides procedures for handling and disposing blood and blood products required by the OSHA Bloodborne Pathogen Standard. Regulated Medical Wastes may only be disposed by incineration through authorized commercial vendor or steam sterilization at specific temperature, pressure and time.

2. **Chemical Safety.** Issuance of the OSHA “Laboratory Standard”, a performance standard, required development of a set of procedures to use and dispose of hazardous chemicals. Hazardous chemicals are those for which there is significant evidence based on at least one study that acute or chronic health effects may occur in exposed employees. Included are chemicals that are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, sensitizers, corrosives, hepatotoxins, neurotoxins, respiratoxins, agents which act on the hematopoietic system, and agents which may cause damage to the lungs, eyes skin, or mucous membranes.

The *EVMS Chemical Hygiene Plan (CHP)* establishes responsibilities for principal investigators, employees and the Environmental Health & Safety Office in regard to laboratory safety. By applying CHP procedures along with use of engineering controls, personal protective equipment and work practices commensurate with the risk of the hazardous chemical, a safe working environment can be maintained. Principal investigators must be aware of acute and chronic health hazards associated with hazardous chemicals used in their protocols and this information must be conveyed to their laboratory employees. Health hazard information is available in Material Safety Data Sheets (MSDS’s) prepared by the manufacturer for each chemical.

Chemicals must also be disposed properly. The MSDS provides general information about disposal; however, more specific information is available from EH&S. At EVMS, hazardous materials may not be disposed “down the drain”, they must be segregated and identified by chemical and concentration in each container. Hazardous chemicals are collected by EH&S and prepared for shipment to facilities permitted to treat hazardous wastes. When developing research proposals, investigators must consider the types of hazardous materials involved and then include adequate safety equipment and practices to perform the procedure with minimal risk to laboratory personnel. Waste minimization must be considered during protocol development by using micro techniques and purchasing smaller quantities of chemicals. Some chemicals are also very costly to dispose.

3. **Radiation Safety.** EVMS is authorized to use radioactive materials by the NRC and Virginia Department of Health. To possess these materials, individuals must have training and experience commensurate with their proposed use. The *EVMS Radiation Safety Manual* lists procedures for requesting authorization to use radioactive materials as well as laboratory procedures to ensure
control of the material and minimal exposure to users. Faculty members may become “Authorized Users” that extends privileges to possess and use radioactive materials after adequate training and experience are demonstrated via application to the Radiation Safety Committee.

Radioactivity may only be purchased by Authorized Users. Central ordering and receipt are conducted at the Radiation Safety Office in Lewis Hall. Radioactive waste must be disposed by procedures described in the EVMS Radiation Safety Manual and training courses offered by Radiation Safety.

4. **Emergencies.** In the event of a laboratory emergency, such as fire, spill, loss of containment or explosion, etc., immediately notify other workers in the area, EH&S/RS and Security. Prior to vacating the immediate area, take initial steps to contain a spill or smother a small fire, then evacuate the room. In the event of fire, pull the nearest fire alarm. If you or a coworker are contaminated, remove your outer protective clothing and go to the nearest eyewash or safety shower and rinse the material from the skin. After initial emergency actions, remain in the area until assistance arrives. If injury has occurred, contact Human Resources for guidance on seeking medical attention. Biological, chemical or radioactive materials can be tracked from the area of a spill, so remain near the incident to prevent the spread of contamination.
INFORMATION TECHNOLOGY POLICIES AND PROCEDURES

GENERAL PRINCIPLES

Access to computer systems and networks owned or operated by Eastern Virginia Medical School imposes certain responsibilities and obligations and is granted subject to Medical School policies, and local, state, and federal laws. Acceptable use always is ethical, reflects academic honesty, and shows restraint in the consumption of shared resources. It demonstrates respect for intellectual property, ownership of data, system security mechanisms, and individuals' rights to privacy and to freedom from intimidation and harassment.

In making acceptable use of Information Technology resources you must:

- use resources only for authorized purposes.
- protect your user id and system from unauthorized use. You are responsible for all activities on your user id or that originates from your system.
- access only information that is your own, that is publicly available, or to which you have been given authorized access.
- use only legal versions of copyrighted software in compliance with vendor license requirements.
- be considerate in your use of shared resources. Refrain from monopolizing systems, degrading services, or wasting connect time, disk space, printer paper, or other resources.

In making acceptable use of Information Technology resources you must NOT:

- use another person's system, user id, password, files, or data without permission.
- use computer programs to decode passwords or access control information.
- attempt to circumvent or subvert system or network security measures.
- engage in any activity that might be purposefully harmful to systems or to any information stored thereon, such as creating or propagating viruses, disrupting services, or damaging files or making unauthorized modifications to Medical School data.
- use Medical School systems for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates.
- use Medical School systems for sectarian religious purposes, i.e., those which do not embrace all religious beliefs, but espouse particular perspectives only.
- make or use illegal copies of copyrighted software, store such copies on Medical School systems, or transmit them over Medical School networks.
- waste computing resources or network resources, for example, by intentionally placing a program in an endless loop, printing excessive amounts of paper, or by sending chain letters or unsolicited mass mailings.
- use the Medical School's systems or networks for personal gain; for example, by selling access to your user id or to Medical School systems or networks, or by performing work for profit with Medical School resources in a manner not authorized by the Medical School.
- engage in any other activity that does not comply with the General Principles presented above.

DISCIPLINARY PROCEDURES

Appropriate disciplinary action up to and including termination of employment will be taken when the provisions of this policy are violated. Refer to Human Resources Policies and Procedures – Disciplinary Action: Policy 4.50.
ELECTRONIC MAIL POLICY

The Medical School’s electronic mail system and services are the sole property of the Medical School. The Medical School will make reasonable efforts to maintain the integrity and effective operation of its electronic mail system, but users are advised that those systems should in no way be regarded as a secure medium for the communication of sensitive or confidential information. Because of the nature and technology of electronic communication, the Medical School can assure neither the privacy of an individual user’s use of the Medical School’s electronic mail resources nor the confidentiality of particular messages that may be created, transmitted, received, or stored thereby. Users expressly waive any right of privacy in anything they create, store, send or receive on the computer or through the Internet or any other computer network. By accepting an EVMS e-mail account, users consent to allowing EVMS personnel authorized by the President, Provost and Dean of the School of Medicine as advised by the President, Provost and Dean of the School of Medicine’s Information Services Subcommittee, Planning & Management Subcommittee to access and review all email materials users create, store, send or receive on computers or through the campus computer network.

In addition, Virginia law provides that communications of EVMS personnel that are sent by electronic mail may constitute correspondence and, therefore, may be considered public records subject to public inspection or subpoena by the legal system.

SERVICE RESTRICTIONS

Those who use EVMS’ electronic mail services are expected to do so responsibly, that is, to comply with state and federal laws, with this and other policies and procedures of the Medical School, and with normal standards of professional and personal courtesy and conduct. Access to EVMS’ electronic mail services, when provided, is a privilege that may be wholly or partially restricted by the Medical School without prior notice and without the consent of the e-mail user when required by and consistent with law, when there is substantiated reason to believe that violations of policy or law have taken place, or, in exceptional cases, when required to meet time-dependent, critical operational needs. Such restriction is subject to the approval of the President, Provost and Dean of the School of Medicine or his/her designee.

PERMISSIBLE USES OF ELECTRONIC MAIL

- Authorized Users

Only EVMS faculty, staff, residents, and students and other persons who have received permission under the appropriate Medical School authority are authorized users of the EVMS’ electronic mail systems and resources. Users are responsible for safe guarding their passwords for access to the computer system. Individual passwords should not be printed, stored online, or given to others. Users are responsible for all transactions made using their passwords. No user may access the computer system using another user’s password or account. Users may not disguise their identity while using the computer system. Users may be required to change passwords periodically.

- Purpose of Use

The use of any EVMS resources for electronic mail must be related to the Medical School’s business, including academic pursuits. Incidental and occasional personal use of electronic mail may occur when such use does not impinge on work time or generate a direct cost for the Medical School. Any such incidental and occasional use of EVMS electronic mail resources for personal purposes is subject to all of the above provisions of this policy.
PROHIBITED USES OF ELECTRONIC MAIL

- Personal use that creates a direct cost for EVMS is prohibited; e.g., sending personal e-mail message during regular working hours.
- For personal monetary gain or for commercial purposes that are not directly related to EVMS business.
- Sending copies of documents in violation of copyright laws.
- Inclusion of the work of others into electronic mail communications in violation of copyright laws.
- Capture and opening of electronic mail except as required in order for authorized employees to diagnose and correct delivery problems.
- Use of electronic mail to harass or intimidate others or to interfere with the ability of others to conduct EVMS business.
- Use of electronic mail systems for any purpose restricted or prohibited by laws or regulations.
- “Spoofing,” i.e., constructing an electronic mail communication so it appears to be from someone else.
- “Snooping,” i.e., obtaining access to the files or electronic mail of others for the purpose of satisfying idle curiosity, with no substantial EVMS business purpose.
- Attempting unauthorized access to electronic mail or attempting to breach any security measures on any electronic mail system, or attempting to intercept any electronic mail transmissions without proper authorization.
- Purposes that could reasonably be expected to cause, directly or indirectly, excessive strain on any computing facilities, or unwarranted or unsolicited interference with others’ use of e-mail or e-mail systems. Such uses include, but are not limited to, the use of e-mail services to (i) send or forward e-mail chain letters; (ii) “spam”, that is, to exploit list servers or similar broadcast systems for purposes beyond their intended scope to amplify the widespread distribution of unsolicited e-mail; and (iii) “letter-bomb”, that is, to resend the same e-mail repeatedly to one or more recipients to interfere with the recipient’s use of e-mail.
- Broadcast messages, that is an e-mail sent to all e-mail users except when authorized by the President, Provost and Dean of the School of Medicine, Vice Presidents, Associate Dean for Information Technology, MIS Department Directors, and/or the Director of Human Resources.
- Use of electronic mail in a sexually explicit, profane, obscene, x-rated, defamatory or threatening manner.
- Use of e-mail to support a “for-profit” activity.

EVMS ACCESS AND DISCLOSURE

General Provisions

- To the extent permitted by law, the Medical School reserves the right to access and disclose the contents of faculty, employees, residents, students’ and other users’ electronic mail without the consent of the user. EVMS will do so when it believes it has legitimate business needs including, but not limited to, those listed in “Inspection and Disclosure of Communications” below and only after explicit authorization is obtained from the President, Provost and Dean of the School of Medicine or his/her designee.
- Faculty, employees, residents, students and other users are advised that EVMS’ electronic mail systems should be treated like a shared filing system with the expectation that communications sent or received may be made available for review by any authorized EVMS official for purposes related to EVMS business.
• Electronic mail of students may constitute “education records” subject to the provisions of the federal statute known as the Family Educational Rights and Privacy Act of 1974 (FERPA). EVMS may access, inspect, and disclose such records under conditions that are set forth in the statute.
• Any user of the EVMS’s electronic mail resources who makes use of any encryption device to restrict or inhibit access to his or her electronic mail must provide access to such encrypted communications when requested to do so under the authority of the President, Provost and Dean of the School of Medicine or his/her designee.

Monitoring of Communications

EVMS will not monitor electronic mail as a routine matter but it may do so to the extent permitted by law as the School deems necessary for purposes of maintaining the integrity and effective operation of the School’s electronic mail systems.

Inspection and Disclosure of Communications

EVMS reserves the right to inspect and disclose the contents of electronic mail:
• in the course of an investigation triggered by alleged misconduct or misuse,
• as needed to protect health and safety,
• as needed to prevent interference with the academic mission, or
• as needed to locate substantive information required for EVMS business that is not more readily available by some other means.

EVMS will inspect and disclose the contents of electronic mail when such action is necessary to respond to legal processes and to fulfill EVMS’ obligations to third parties.

Limitations on Disclosure and Use of Information Obtained by Means of Access or Monitoring.

• The contents of EVMS electronic mail communications may be disclosed without permission of the user. EVMS will attempt to refrain from disclosure of particular communications if disclosure appears likely to create personal embarrassment, unless such disclosure is required to serve a business purpose or satisfy a legal obligation.

Special Procedures to Approve Access to, Disclosure of, or Use of Electronic Mail Communications.

• Individuals needing to access the electronic mail communications of others, to use information gained from such access, and/or to disclose information from such access and who do not have the prior consent of the user must obtain approval in advance of such activity from the President, Provost and Dean of the School of Medicine or his/her designee.

POLICY VIOLATIONS

Appropriate disciplinary action will be taken, up to and including dismissal, against individuals found to have engaged in a prohibited use of EVMS’ electronic mail resources. Illegal acts involving EVMS’ computing resources may also subject users to prosecution by state and federal authorities.
MANAGEMENT OF ELECTRONIC MAIL SYSTEM

Users should review their messages every week and delete those that are not needed. E-mail accounts will be deleted when a user is no longer affiliated with EVMS. Accounts will be deactivated for the infringement of any written or implied policy or any violation of state or federal laws. Accounts that remain unused for periods longer than six months will be deleted unless specific arrangements have been made with the email system administrator.

INTERNET USE POLICY

Certain employees may be provided with access to the Internet to assist them in performing their jobs. The Internet can be a valuable source of information and research. In addition to e-mail, it can provide an excellent means of communicating with other faculty, staff, students, outside vendors, and other businesses. Use of the Internet must be tempered with common sense and good judgment. If you abuse your right to use the Internet, it will be withdrawn. In addition, you may be subject to disciplinary action, including possible termination, and civil and criminal liability. Your use of the Internet is governed by this policy.

DISCLAIMER OF LIABILITY FOR USE OF INTERNET

Eastern Virginia Medical School is not responsible for material viewed or downloaded by users from the Internet. The Internet is a worldwide network of computers that contains millions of pages of information. Users are cautioned that many of these pages include offensive, sexually explicit, and inappropriate material. In general, it is difficult to avoid at least some contact with this material while using the Internet. Even innocuous search requests may lead to sites with highly offensive content. In addition, having an Internet e-mail address may lead to the receipt of unsolicited e-mail containing offensive content. Users accessing the Internet do so at their own risk.

EMPLOYEE'S DUTY OF CARE

Employees should endeavor to make each electronic communication truthful and accurate. You should use the same care in drafting Internet or intranet documents as you would for any other written communication.

EMPLOYEE’S DUTY NOT TO WASTE COMPUTER RESOURCES

Employees must not deliberately perform acts that waste computer resources or unfairly monopolize resources to the exclusion of others. These acts include, but are not limited to, sending mass mailings or chain letters, spending excessive amounts of time on the Internet, playing games, engaging in online chat groups, printing multiple copies of documents, or otherwise creating unnecessary network traffic. Because audio, video, and picture files require significant storage space, files of this sort may not be downloaded unless they are business-related.

NO EXPECTATION OF PRIVACY

The computers and computer accounts given to employees are to assist them in performing their jobs. Faculty, staff and students should not have an expectation of privacy in anything they create, store, send, or receive on the computer system. The computer system belongs to Eastern Virginia Medical School and may only be used for business purposes.
Faculty, staff and students should never consider electronic communications to be either private or secure. Internet e-mail may be stored indefinitely on any number of computers, including that of the recipient. Copies of your messages may be forwarded to others either electronically or on paper. In addition, Internet e-mail sent to nonexistent or incorrect user names may be delivered to persons that you never intended.

**MONITORING OF COMPUTER USAGE**

Eastern Virginia Medical School has the right, but not the duty, to monitor any and all aspects of its computer system, including, but not limited to, monitoring sites visited by employees on the Internet and news groups, reviewing material downloaded or uploaded by users to the Internet, and reviewing e-mail sent and received by users.

**BLOCKING OF INAPPROPRIATE CONTENT**

Eastern Virginia Medical School may use software to identify inappropriate or sexually explicit Internet sites. Such sites may be blocked from access by Eastern Virginia Medical School network system. In the event you nonetheless encounter inappropriate or sexually explicit material while browsing on the Internet, immediately disconnect from the site.

**PROHIBITED ACTIVITIES**

Material that is fraudulent, harassing, sexually explicit, profane, obscene, intimidating, defamatory, or otherwise unlawful or inappropriate may not be sent by e-mail or other form of electronic communication (bulletin board systems, newsgroups, chat groups), downloaded from the Internet, or displayed on or stored on Eastern Virginia Medical School’s computers. Employees encountering or receiving this kind of material should immediately report the incident to their supervisors.

**GAMES AND ENTERTAINMENT SOFTWARE**

Employees may not use the company's Internet connection to download games or other entertainment software or play games over the Internet.

**ILLEGAL COPYING**

Employees may not illegally copy material protected under copyright law or make that material available to others for copying. You are responsible for complying with copyright law and applicable licenses that may apply to software, files, graphics, documents, messages, and other material you wish to download or copy. You may not agree to a license or download any material for which a registration fee is charged without first obtaining the express written permission of your supervisor.

**ACCESSING THE INTERNET**

To ensure security and avoid the spread of viruses, employees accessing the Internet through a computer attached to Eastern Virginia Medical School’s network must do so through an approved Internet firewall. Accessing the Internet directly by modem is prohibited unless the
computer you are using is not connected to the school’s network.

VIRUS DETECTION

Files obtained from sources outside Eastern Virginia Medical School (EVMS), including disks brought from home; files downloaded from the Internet, newsgroups, bulletin boards, or other online services; files attached to e-mail; and files provided by customers or vendors, may contain dangerous computer viruses that may damage the school’s network. Employees should never download files from the Internet, accept e-mail attachments from outsiders or use disks from non-EVMS sources, without first scanning the material with EVMS approved virus-checking software. If you suspect that a virus has been introduced into the School’s network, immediately notify the Eastern Virginia Medical School Network Center (446-5871).

ALTERING ATTRIBUTION INFORMATION

Employees must not alter the "From" line or other attribution-of-origin information in e-mail messages, or postings. Anonymous or pseudonymous electronic communications are forbidden. Employees must identify themselves honestly and accurately when making postings to newsgroups, sending e-mail, or otherwise communicating online.

ATTORNEY-CLIENT COMMUNICATIONS

E-mail sent from or to an attorney representing EVMS should include this warning header on each page: "ATTORNEY CLIENT PRIVILEGED; DO NOT FORWARD WITHOUT PERMISSION." Communications from attorneys may not be forwarded without the sender's express permission.

USE OF ENCRYPTION SOFTWARE

Faculty, staff and students may not install or use encryption software on any of Eastern Virginia Medical School’s computers without first obtaining written permission from their supervisor. You must not use encryption keys that are unknown to your supervisor. The encryption software provided as part of approved browsers such as Netscape and Internet Explorer is allowed.

AMENDMENTS AND REVISIONS

Violations of this policy will be taken seriously and may result in disciplinary action, including possible termination, and civil and criminal liability.
ANIMALS ON CAMPUS POLICY

Dogs, cats, and other animals, except Seeing Eye dogs, dogs that assist the physically challenged, and animals authorized for laboratory or research purposes, are prohibited in all EVMS buildings, offices, and classrooms, and are subject to being removed from the campus and impounded by the City of Norfolk Animal Protection Department.

Dogs, cats, and other animals are permitted on campus grounds as long as they are accompanied by an attendant. Animals found unattended on the campus, including animals found tied or leashed to trees, poles, or other objects on the campus, are subject to being impounded by the City of Norfolk Animal Protection Department.

The Director of Public Safety is responsible for the administration and implementation of this policy.

The owner of any animal impounded by the City of Norfolk Animal Protection Department is responsible for all resulting fines and fees. Civil litigation may result if injuries or damages are inflicted by the animal.

POSTING OF SIGNS AND ADVERTISEMENTS POLICY

No materials shall be posted on trees, windows, walls, doors, or glass panels either inside or outside medical school buildings. The only exceptions are (1) materials relating to fire, health, or safety (such materials must be approved for posting by the Director of Public Safety) and (2) materials posted on bulletin boards.
INCLEMENT WEATHER PROCEDURE (Human Resources Policy 3.43)

Policy

It is the policy of the Eastern Virginia Medical School to provide paid time off to eligible employees when operations cease due to severe inclement weather.

Procedure

1. The President, Provost and Dean of the School of Medicine or his designated representative will be solely responsible for making the decision to cancel or cease operations due to weather conditions.

2. If the decision is made prior to normal working hours, the announcement will be made over local TV and radio stations.

3. If the decision is made during normal working hours, the Human Resources Department will notify all departments. In addition a broadcast E-mail to all staff will be sent.

4. Eligible employees (see Policy 1.10) who were normally scheduled to work during the closing will receive their regular pay for the time missed. Employees scheduled for vacation or who are on sick leave will still be charged for vacation/sick leave, not inclement weather.

5. In the absence of an official closing, employees failing to report for work or leaving work early will have the absence charged against their vacation time (if available) or considered unpaid time. In the event of an official early closing, employees who reported to work and who remained at work until or after time of official closing, will not be charged vacation or unpaid leave for the duration of the day. Employees who did not report to work will have the full day charged to their vacation time (if available) or will be considered unpaid time. Employees leaving prior to official closing will be charged vacation (if available) or leave without pay for the balance of the day.

6. The nature and mission of our organization dictates that certain services are provided on a continuing basis without interruption due to bad weather. The Supervisor will identify such personnel. These employees will receive paid time off within the same pay period or additional pay for non-exempt employees, in accordance with the provisions of the Fair Labor and Standards Act (FLSA).

SMOKING POLICY (Human Resources Policy 4.54)

Policy

Effective August 1, 1990, it is the policy of the Eastern Virginia Medical School to provide a smoke-free environment for all employees. Smoking is prohibited in all facilities operated by the Medical School. The purpose of this policy is to provide a healthier and safer environment for employees, students, patients and visitors.

Procedure

Compliance is expected by all employees, students, patients and visitors. Employees who violate the policy are subject to disciplinary action (Reference Policy No. 4.50).
Responsibility

It is the responsibility of every employee, student, patient and visitor to ensure adherence to this policy.

Designated smoking areas will be provided outside all EVMS facilities. Benches and sand urns will be located as follows:

1. Hofheimer Hall - under front portico on either side of the main doors.
2. Lewis Hall - under the west portico (CHKD side).
3. Andrews Hall - back courtyard.
4. Smith-Rogers Hall - outside main entry.
5. Portsmouth Family Practice - outside main entry.
6. South Campus - under front portico (north side of building) and under main entry portico (east side of building).
7. Auxiliary Services - 154 Colley Avenue - on west side of building.
8. Materials Management - 711 South Hampton - under main entry portico.

POLICY ON ALCOHOL AND DRUGS (Human Resources Policy 4.53)

Policy

It is the policy of Eastern Virginia Medical School (EVMS) in compliance with the Drug Free Workplace Act of 1988, covering all Federal grantees, and the Drug Free Schools and Communities Act of 1989 to provide a safe and drug free environment for its students, employees, patients and visitors. This includes an environment free of unlawful or unauthorized manufacture, distribution, dispensation, possession, sale, transfer, or use of an illegal drug, e.g., a substance controlled under Section 202 of the Controlled Substances Act. Provisions of this policy 4.53 relate to all students, residents, faculty and employees with the exception of pre-placement testing which does not apply to students.

Procedures

A. Pre-Placement Testing

EVMS complies with the provisions of the Omnibus Transportation Act of 1991, the Drug Free Schools and Communities Act of 1989 and the Drug Free Workplace Act of 1988. This policy is intended to attract and maintain a workforce free of alcohol and drug abuse that may impair judgment and job performance and may result in an accident or injury to self or others. Therefore, it is the policy of EVMS to perform a drug-screen and, if indicated, an alcohol screen on all individuals prior to commencing employment.
1. All applicants will be notified that positions at EVMS require pre-placement substance abuse screening. These individuals will be asked to sign a statement authorizing testing. Persons who refuse will not be hired.

2. The Employee Occupational Health Department (EOHD) will perform a pre-placement alcohol and/or drug-screen prior to the commencement of employment.

3. If the test is positive, he/she will have the opportunity to discuss the results with the Medical Review Officer (MRO). The MRO or his/her designee will report verified positive test results to the Director of Human Resources who in turn will notify the appropriate authority. The employment offer will be withdrawn for “conditional new hires” who have had a verified positive alcohol and/or drug-screen.

4. The individual will be eligible to reapply for employment in twelve months. However, to be reconsidered for employment, the individual must show evidence that a drug abuse intervention or counseling program has been successfully completed or is ongoing by a Substance Abuse Professional. The individual must also successfully complete another pre-placement alcohol and/or drug-screen.

5. Upon successful completion of testing, EOHD will notify Human Resources to continue with the hiring process.

B. Employees and Reasonable Suspicion Testing

1. An employee legitimately using or being under the influence of medications (legal drugs) during working hours must candidly notify his/her supervisor and/or the Employee Occupational Health Department of this prior to commencing work if the medication may impair his/her performance, judgment, or coordination.

2. The School may perform a “Work Fitness Impairment Evaluation” (WFIE), including drug and alcohol testing, to determine compliance with this policy:
   a. Based on a suspicion of violation of this Drug and Alcohol Policy
   b. In conjunction with other legitimate physical examinations or detection programs.
   c. Following work-related accidents/incidents requiring medical care.
   d. Randomly for all drivers covered by Department of Transportation regulations.
   e. In follow-up to a rehabilitation program.
   f. As required by law.

3. Supervisors are required to monitor and document the behavior and work patterns of their staff. Significant emotional, mood or behavior changes, repeated absenteeism, errors, or general behavior or signs consistent with the use of alcohol or drugs should be documented and reported to Human Resources and Employee Occupational Health immediately.

4. When possible, a second supervisor should observe the employee’s behavior, and both supervisors document their observations independently.

5. The employee will be informed by their supervisor that they are being asked to submit to a WFIE and the reason for the testing.

6. The supervisor will escort the employee to the EOHD.
7. Consent will be obtained to perform the WFIE and to release the results of the evaluation to the Director of Human Resources and to the President, Provost and Dean of the School of Medicine. Student results will be released to the Associate Dean of Student Affairs. Refusal to consent will result in disciplinary action up to and including discharge.

8. Appropriate chain-of-custody procedures will be followed to protect the integrity of the specimen and to protect the dignity of the employee.

9. An employee will be placed on administrative leave pending results of alcohol and drug testing. Leave will be with pay if test results are negative.

10. Results of the drug and alcohol testing will be referred to a Medical Review Officer (MRO). If the results of testing are positive, the MRO will discuss the results with the employee, and the employee will have an opportunity to explain positive results. The MRO, or his/her designee, will communicate all final results to Human Resources.

11. The School follows Department of Transportation (DOT) standards for classification of results of alcohol tests. In addition, results indicating motor impairment will require that the individual undergo an evaluation by a Substance Abuse Professional.

12. Positive results violate this policy and will result in action up to and including discharge. Disciplinary actions of health professionals will be reported to the appropriate entity as required by law.

13. Following the WFIE, employees will either be recommended to return to work, go home, or to go to another facility. If the recommendation is made to the employee to return home or to another medical facility, transportation arrangements will be made for the employee.

14. Supervisors should not attempt to use force in seeking compliance with requests. Security should be notified if the supervisor determines the employee should leave the work area and the employee refuses.

15. Supervisors should limit conversations concerning possible violations of this policy to those persons who are participating in any questioning, evaluations, investigation, or disciplinary action and have a strict need to know.

16. After appropriate action is taken following alcohol and/or drug impairment, or return to duty after completion of professional treatment of substance abuse, the supervisor, in conjunction with the Director of Human Resources, will coordinate with the appropriate institutional authority to determine conditions for continued employment. Such conditions may include periodic unannounced follow-up testing as recommended by a Substance Abuse Professional.

C. Random Drug Testing

EVMS will implement and schedule random drug and substance abuse testing for drivers in compliance with Omnibus Transportation Act of 1991.
D. Education

1. Effects of Alcohol

Alcohol is a depressant that reduces activity in the central nervous system. A person under the influence of alcohol shows loose muscle tone and loss of fine motor skills. The person’s eyes appear glossy and slow to respond. Alcohol can decrease the heart rate, lower blood pressure and respiration rate, and slow reaction time. Sweating, staggering stance and speech, and odor on the breath are all common to a person under the influence of alcohol.

2. Blood Alcohol Level

- An individual Blood Alcohol Concentration (BAC) is a good indication of how intoxicated an individual may be. A person’s weight, tolerance and consumption can affect the BAC level. These are some effects related to BAC:
  - 0.02-0.03: No loss of coordination, slight relaxation, and loss of shyness. Depressant effects are not apparent (one 12-ounce beer consumed in one hour).
  - 0.04-0.06: Feeling of well-being, relaxation, lower inhibitions, a sense of warmth and relaxation some minor impairment of reasoning and memory, lowering of caution.
  - 0.07-0.09: Slight impairment of balance, speech, vision, reaction time, and hearing. Judgment and self-control are reduced, and caution, reason and memory are impaired.
  - 0.10-0.125: Significant impairment of motor coordination and loss of good judgment. Speech may be slurred: balance, vision reaction time and hearing will be impaired. It is illegal to operate a motor vehicle at this level of intoxication (four 12-ounce beers consumed in one hour).
  - 0.13-0.15: Gross motor impairment and lack of physical control. Blurred vision and major loss of balance. Euphoria is reduced.
  - 0.16-0.20: Anxiety, restlessness, and nausea.
  - 0.25: Needs assistance in walking, total mental confusion, and nausea.
  - 0.30: Loss of consciousness.
  - 0.40-up: Onset of coma, possible death due to respiratory arrest.

3. Risks of Alcoholism

There are numerous effects on the body due to the over consumption of alcohol.

- Gastrointestinal system can be affected when large amounts of alcohol are consumed which increases the amount of hydrochloric acid that is secreted from the stomach lining. This can cause gastritis, ulcers and severe bleeding.
• Fatty liver disorder is caused by a decreased breakdown of fatty acids by the liver and occurs when 30 to 50 percent of the drinker’s dietary calories consist of alcohol.

• Alcoholic hepatitis occurs when the liver becomes inflamed, damaging the liver cells, and metabolism is seriously disturbed. A person may become weak and experience loss of appetite, nausea, fever and mild weight loss.

• Cirrhosis of the liver is a condition in which there is major destruction of liver cells and a build-up of scar tissue. One in ten long-term drinkers will develop cirrhosis and may die within five years.

• Moderate drinking can significantly increase a person’s blood pressure which increases the risk of a heart attack and stroke. As little as two drinks a day can increase this risk.

• Mothers who drink frequently during pregnancy may have children born with serious birth defects. These defects are known as Fetal Alcohol Syndrome (FAS). This can cause a baby to be born with a low birth weight, physical deformities, heart defects, and mental retardation.

4. Drugs and their Risk

   a. Amphetamines- Developed to treat narcolepsy, obesity, fatigue, Parkinsonism, depressive syndromes, petitmal epilepsy and behavior disorders. Amphetamines are usually ingested orally and effect the central nervous system with increased alertness, exhilaration, a feeling of self-confidence, and increased motor activity. The performance of physical and mental tasks is improved. A prolonged use of the drug can have reverse effects with individuals feeling fatigued and depressed. Side effects include headache, dizziness, confusion, anxiety and commotion.

   b. Phencyclidine(PCP)- Also known as Angel Dust, Peace pill, Dust, Crystal, Rocket fuel and Super grass, PCP was originally used as an anesthetic. PCP can be smoked, taken orally or injected. While having no major physical dependency, the psychological dependency is very high. It causes delusions, hallucinations, poor perception of time and distance, and hyperactivity. Its effects can cause numbness, cramps, and loss of muscle coordination, nausea, problems speaking and a decreased sensitivity to pain. Over the long term PCP can cause loss of memory, stuttering, depression, anxiety and brain damage. There are over 10,000 emergency room visits each year because of PCP.

   c. Marijuana- Also known as the cannabis plant, marijuana has a chemical called Delta-9-THC. Tests have shown that a number of problems can come from overuse of the drug. THC can cause a loss of memory, increase heart rate by 50%, and develop bronchitis, emphysema, and cancer. One marijuana cigarette does the damage of an entire pack of cigarettes. Men who smoke THC can have lower sperm counts, while women may have a disrupted menstrual cycle. It can also delay normal sexual development and can cause permanent infertility. Pregnant women can pass THC to their unborn children causing underweight, deformation, and stillborn. THC can also reduce the body’s ability to fight off infection, leaving individuals more frequently ill. Marijuana does cause chemical dependency, but it can also have a high psychological addiction.
d. Opiates- This is a narcotic that contains Opium which can be taken orally or inhaled. Opium is an ingredient in Morphine Codeine Thebaine which is used solely in hospitals as a pain reliever. It is injected intramuscularly or intravenously. Codeine is produced from morphine and is found in several over the counter drugs such as Robitussin, aspirin and Cheracol. Drowsiness, respiratory depression, and nausea are possible effects of opium. An overdose of opium can cause slow breathing, clammy skin, convulsions, coma, and possible death.

e. Cocaine- this drug comes from the Coca leaf grown in South America. After a chemical process, the drug is made in a powder form. It is also known as coke, snow, C, blow and lady. Cocaine is addictive and can cause a number of physical and mental complications to the user. Some signs of cocaine use include dilation of pupils, runny or stuffed-up nose, less need for food or rest, an individual will be more talkative and sociable. Cocaine can cause anxiety, irritability, aggressiveness, paranoia, violence, apathy, confusion, and memory problems, just to name a few. High-dosage can cause personal neglect, extreme depression, panic attacks, rupture of blood vessels, seizures and heart failure- all leading to possible death.

f. Schedule 1 drugs- there are other natural, semi-synthetic and synthetic drugs of abuse that have their own mental and physiological effects and complications. Further information on these drugs can be obtained through the educational resources listed later in this document.

E. Violation and Penalties

EVMS is subject to the State and Federal laws regarding manufacture, distribution, possession with intent to manufacture or distribute, and simple possession of drugs and alcohol. Individuals must be aware of and follow these laws or face legal prosecution.

1. Alcohol

The Virginia Alcohol Beverage Control Act is required to follow all laws and regulations under the Federal Drug-Free Schools and Communities Act of 1989.

- It is illegal for any person under the age of 21 to purchase or possess any alcoholic beverage. Violation of the law exposes the violator to a misdemeanor conviction for which the punishment is either confinement in jail for up to 12 months, a fine of up to $2,500 or both. An individual’s Virginia driver’s license can also be suspended for up to a year.

- It is illegal for any person to sell alcoholic beverages, or buy alcoholic beverages for a person under the age of 21. Violation of the law results in a misdemeanor conviction with punishment up to 12 months in jail, a $2,500 fine or both.

- It is illegal for any person to consume alcoholic beverages in unlicensed public places. Violation of the law can result in a $250 fine.

2. Drugs

a. Virginia State Laws

Under the Virginia Drug Control Act, it is unlawful for the possession, distribution and use of controlled substances and illicit drugs. Controlled
substances are classified under schedules ranging from I-VI, as defined in sections 54.1-3446 through 54.1-3456 of the Code of Virginia. Violations include the following:

- Possession of a controlled substance in schedules I-III can result in misdemeanor or felony conviction with a punishment up to 10 years, $2,500 fine or both.
- Possession of a controlled substance classified in schedule IV, can result in a misdemeanor conviction with punishment up to 6 months in jail, a fine up to $1,000 or both.
- Possession of controlled substances in schedule V and VI can result in a fine up to $500.
- Possession of a controlled substance under schedule I or II with the intent to sell or distribute can result in a felony conviction with 5-40 years in prison and a fine up to $100,000.
- Possession of a controlled substance under schedule III, IV or V with the intent to sell or distribute can result in a misdemeanor conviction with up to one year in jail, a fine of $2,500 or both.
- Possession of marijuana can result in 30 days in jail, a fine of $500 or both. Possession with the intent to sell or distribute can result in up to 30 years in jail and a fine of $2,500.

b. Federal Laws

Under the Controlled Substances Act 21 U.S.C Section 841, 843, 844, 846. The law sets the following sentences for first-time offenders:

- A minimum of ten years and a maximum of life imprisonment or $4,000,000 fine or both for the knowing or intentional manufacture, sale or possession with intent to sell, of amounts of any narcotic, including heroin, morphine, or cocaine, or of phencyclidine or of LSD or marijuana (1,00 kilograms or more)
- A minimum of five years and maximum of 40 years or $2,000,000 fine or both for similar actions involving smaller amounts of any narcotic, including heroin, morphine, or cocaine, phencyclidine, LSD, and marijuana (100 kilograms or more).
- A maximum of five years or $250,000 fine or both for similar actions involving smaller amounts of marijuana (less than 50 kilograms).
- Four years or $30,000 fine or both for using the mail, telephone, radio or any other public or private means of communication to commit acts that violate the laws against the manufacture, sale and possession of drugs.

Distribution within 1,000 feet of school or playground or within 100 feet of youth center, public pool, etc. penalty doubles. The meaning of “School” includes public or private place of learning, including adult education centers and institutions of higher learning.

F. Employee Assistance Program

EVMS will assist employees in overcoming drug and alcohol abuse problems. There are numerous organizations and facilities that are available to those who need them. Students with alcohol and drug issues can contact the Phoenix Committee at (757) 647-0480.
Residents and clinically licensed staff facing drug and alcohol issues can contact Virginia Monitoring at 1-800-827-7559. Other substance abuse professionals that can be contacted include:

- Al-Anon 1-800-356-9996
- National Council on Alcoholism and Drug Dependence 1-800-622-2255
- National Clearinghouse for Alcohol & Drug Information 1-800-729-6686
- Center for Substance Abuse Treatment 1-800-662-4357
- Alcoholics Anonymous 1-757-490-3980

G. Notification of Conviction

Any employee who is convicted of any drug or alcohol related incident occurring at EVMS must notify his Supervisor within 5 days of conviction. The Supervisor must then notify the appropriate agency, along with the Director of Human Resources, within 10 days if the employee is paid from federal funds.

WEAPONS POLICY (Human Resources Policy 4.57)

Policy

It is the policy of the Eastern Virginia Medical School to promote a weapons free environment for the safety of all. The Medical School prohibits the possession of any handguns or other weapons, concealed or not, in any facilities, parking areas, or any other properties owned or operated by the Medical School.

Possession of a concealed handgun permit shall not exempt any person from the provisions of this policy. Pursuant to Virginia Code 18.2-308(a)(1995) and to the Norfolk City Code 47-1(0), "the granting of a concealed handgun permit shall not thereby authorize the possession of any handgun or other weapon on property or in places where such possession is otherwise prohibited by law (schools, churches, courthouses, bars, etc.) or is prohibited by the owner of private property".

Definition

"Weapons" includes an array of harmful devices including but not limited to handguns, shotguns, pistols, switchblades, knives, slingshots, metal knucks, blackjacks, clubs, explosive devices, and all other weapons as described in Virginia Code 18.2-308(a)(1995).

Procedure

Compliance is required by all employees, students, patients and visitors. Employees and students who violate the policy will be required to remove their weapons from the Medical School premises and are subject to disciplinary action (see policy 4.50). Visitors and patients found carrying weapons at the Medical School will be asked to leave the premises with their weapons. Anyone refusing to do so will be subject to arrest and prosecution. Campus Security Department and any other law enforcement officers, in the line of duty, are permitted to carry weapons at the Medical School.

Responsibility

It is the responsibility of every employee, student, patient and visitor to insure adherence to this policy. Anyone noticing a person carrying a weapon should report it immediately to the EVMS Security Department.
**NEPOTISM (Human Resources Policy 1.23)**

**Policy**

It is the policy of the Eastern Virginia Medical School to avoid the hiring, transfer, or promotion of relatives or dependents of employees or to whom the employee is a relative or dependent, into situations where the possibility of conflict of interest or favors may exist or appear to exist. The Eastern Virginia Medical School prohibits its faculty and employees from initiating, participating in or influencing directly or indirectly, in any way, departmental or Medical School wide decisions involving a benefit to relatives or other dependents.

Persons related by family or marriage or others living in the same household who are dependents may be employed by the Medical School provided: 1) such individuals meet the appropriate employment standards; and 2) that neither would have any influence involving a direct or indirect benefit over the other; and 3) be employed in separate departments; or 4) the employee and the immediate family member are engaged in teaching or research in the same department at the Medical School and the President, Provost and Dean of the School of Medicine finds that this is in the best interest of the Medical School for such dual employment to exist. After such finding, the President, Provost and Dean of the School of Medicine ensures that such employee, or the immediate family member does not supervise, evaluate, or otherwise participate in personnel or other decisions regarding the other.

Employees who become related while already employed are subject to this policy.

**Definitions**

**Relative** is defined as spouse, parent (or legal guardian), parent-in-law, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law, aunt, uncle, niece, or nephew.

**Dependent** is defined as any of the above or any other person living in the same household and/or receives from the employee, or provided to the employee, more than one-half of his/her financial support.

**Supervisory responsibility** includes, but is not limited to, authority to hire, transfer, suspend, assign, reward, discipline, fire, evaluate, promote, demote or grievance advantage.

**Direct/indirect benefit** includes, but is not limited to, authority to initiate faculty appointment, retention, promotions, tenure, salary, leave of absence, grievance advantage, etc.
FINANCIAL SERVICES

The mission of the Financial Services Department is to provide high quality, effective and cost-efficient financial support services to the Eastern Virginia Medical School and its related organizations. The following are the primary components of the Financial Services Department.

- Accounts Payable (757) 446-6083
- Cash Receipts/Accounts Receivable (757) 446-6067
- Finance Computer Center (757) 446-6031
- General Accounting (757) 446-6065
- Grants Accounting (757) 446-6024
- Payroll (757) 446-6075
- Software Applications (757) 446-6072
- Student Loans (757) 446-6056

For information pertaining to payroll, purchasing, budgets, travel, business-related expenses, and other financial issues, faculty should refer to the Financial Affairs Policy and Procedure Manual.

HUMAN RESOURCES

The Human Resources Department (446-6043) is responsible for administering employment policy and the Affirmative Action Plan. For information pertaining to fringe benefits, vacation, retirement, and other human resources issues, faculty should refer to the Human Resources Policies and Procedures Manual to be used in conjunction with the Faculty/Unclassified Employee Handbook.

MATERIALS MANAGEMENT

Policy

Materials Management is a department within the Eastern Virginia Medical School Administration Division reporting to the Office of the Vice President for Administration and Finance.

All procurement negotiations and purchases are handled by the Director of Materials Management (446-5221). Materials Management is also responsible for mail services, deliveries, equipment inventory, storage, facilities, central stores, design services, minor office moves and furniture repairs, and all special procurement needs and services.

All purchase commitments must be handled in accordance with the Medical School’s institutional procurement policies.

The allocation of budget funds to a department provides only an authority to requisition, not to purchase.

The Medical School is not responsible for payment of any invoice received where a purchase order was not obtained.

AUXILIARY AND SUPPORT SERVICES DIVISION

Public Safety

It is a policy of the Eastern Virginia Medical School that all persons visiting EVMS buildings be properly identified and that the buildings be locked outside of normal business hours. During normal business hours, security officers are strategically located in areas that allow observation of everyone entering the main part of buildings. The wearing of identification is required in these buildings. Visitors entering certain buildings without appropriate identification are issued a Visitor’s Pass after identification is established from other sources. During non-business hours, access to buildings is controlled through a card access system. The same procedures for identification apply as during business hours. Additional information is available in the EVMS Campus Security Act, which is distributed to all faculty and staff annually. A copy of the Act can be obtained from Human Resources (446-6043).

The phone number for EVMS Security is 446-5199. The phone number for Fire, Police and Paramedics is 9-911.

EVMS utilizes a combination of in-house security, contract security, and Norfolk Sheriff’s Office deputies to provide continuous security coverage to the campus. The EVMS Director of Security reports directly to the Vice President for Administration and Finance.

Maintenance

The Maintenance Department, under the Director of Maintenance, is comprised of engineering maintenance and physical facilities maintenance. The Director of Maintenance reports to the Director of Auxiliary and Support Services.

The engineering maintenance staff includes an administrative support coordinator, eight maintenance engineers, a painter, and a carpenter working out of the Lewis Hall maintenance shop. They perform preventative maintenance on all building HVAC and related equipment. They also work on mechanical, pneumatic and refrigeration jobs. Staff members work from 7:30 a.m. until 5:30 p.m., Monday through Friday. Engineering maintenance may be reached by calling 446-5874. A staff member is on call from 5:30 p.m. until 7:30 a.m., Monday through Friday as well as weekends and holidays.

The physical facilities maintenance staff includes a construction manager, locksmith/signmaker, auto mechanic, and a bioengineering/tech support individual. Physical Facilities staff perform preventative maintenance functions, repair work, and minor building renovations. Major building renovations are contracted out under the supervision of the Director of Auxiliary and Support Services. This satellite office is located at 154 Colley Avenue and can be reached by calling 446-5233. Staff members work from 7:30 a.m. until 5:30 p.m., Monday through Friday.

In addition to the above, the bioengineering technician provides support and repair in the areas of medical and computer equipment and provides in-service training in these areas. Bioengineering services also include:

1. Repair and calibration of medical and computer equipment.
2. Routine electrical safety inspections to insure the certification process of laboratories and facilities.
3. Maintain repair and inspection records on the equipment serviced.
4. Provide consultation to the purchasing agents on equipment selection.
5. Build and upgrade computers to departmental specifications.
6. Install new software and troubleshoot software problems.
7. Install network cabling and network devices.
8. Design and fabricate electronic systems as needed: alarm, audio, video, nurse call, etc.
9. Maintain small parts selection to expedite repairs.
10. Converse with manufacturers on warranty repairs and returns.

Safety

All major EVMS buildings are equipped with audible fire alarm systems. Lewis Hall, Jones Institute, Andrews Hall, South Campus, Hofheimer Hall, and Smith Rogers Hall have systems, which, through MGI, automatically notify the Norfolk Fire Department in the event of activated fire alarm conditions. Fire evacuation procedures have been established for each facility. Lewis Hall, Hofheimer Hall, Andrews Hall, Jones Institute, South Campus and Smith Rogers Hall have biannual fire drills and monthly maintenance testing on standpipes and fire extinguishers. Annual fire extinguisher training is conducted during Fire Prevention Week. The Norfolk Fire Department also participates in periodic fire inspections and fire drill observations.

The Fire and Safety Coordinator for EVMS is available for fire and safety inspections. He may also be called on to help coordinate or implement various safety procedures throughout EVMS. The Fire and Safety Coordinator reports to the Director of Auxiliary and Support Services. He is located in Lewis Hall and can be reached by calling 446-5874.

Communications

The Communications department maintains telecommunications equipment and cable systems necessary to provide communication services. These services also provide faculty, staff and students with access to the Campus Computer Network from local and remote locations. The Communications department provides local area network connections to telephone cable lines and fiber runs within and between campus buildings. Existing telephone cable runs between campus buildings and dedicated data lines for dial in access facilitate terminal emulation traffic to campus computer centers. Installation of network cabling must be arranged through the Communications department.

The Communications department is located in suite 118 on the first floor of Hofheimer Hall. Office hours are 8:00 A.M. until 5:00 P.M. You may reach the office by calling 446-5217. The director of Communications reports to the Director of Auxiliary and Support Services.

Housekeeping

The purpose of the EVMS Housekeeping Department is to provide services that maintain and preserve the appearance, cleanliness, and in certain areas, sanitation throughout nine EVMS facilities. The housekeeping staff is responsible for cleaning approximately 425,000 square feet throughout the school. Currently the Housekeeping Department includes a director, a housekeeping specialist whose main function is heavy floor care (carpet shampooing and tiled floor stripping and waxing), a team leader whose main function is assisting the director with organizing conference set-ups, and 25 custodians. The housekeeping director reports to the Director of Auxiliary and Support Services.

The housekeeping central office is located in suite 118 on the first floor of Hofheimer Hall. General office hours are 8:00 A.M. until 5:00 P.M., Monday through Friday. The office can be reached by calling 446-7496.
In general, the housekeeping staff works three shifts, Monday through Friday, with services offered on the weekends in Lewis Hall and Hofheimer Hall public areas. The housekeeping staff is considered essential personnel and as such is required to respond to facility emergencies after hours, on weekends and holidays, and must work as directed in the event of inclement weather. The housekeeping staff is responsible for ice and snow removal around the building exteriors as needed.

Housekeeping responsibilities include, but are not limited to daily trash removal, cleaning of restrooms, offices, exam rooms, labs, classrooms/conference rooms, public areas and stairwells. Duties include dusting, vacuuming, dust/wet mopping, bi-monthly buffing of tiled floors, quarterly scrubbing and waxing exam/lab floors, shampooing public area carpets, shampooing carpets and tile care in private areas as requested. In keeping with EVMS safety procedures, the housekeeping staff is not responsible for removing biohazard trash. This function is contracted to Incindere, Inc. by each department needing such service. In addition, the housekeeping staff is not responsible for cleaning free flowing blood spills. This function is performed by the clinical staff in the affected area.

All housekeeping supplies for the facilities are purchased through Materials Management by the housekeeping director and charged to the housekeeping budget. Material Safety Data Sheets on each cleaning chemical used is maintained by the housekeeping director and available in each building.

Parking

Eastern Virginia Medical School faculty, staff and students are provided free assigned parking within the medical center 4,300 space, surface and multi-level parking system. The 2,300 EVMS controlled spaces include lot # 2, a 784 space 6 level visitors’ garage, lots # 4 and # 17, 2 additional visitor/staff surface lots, and 8 card controlled surface lots. All available land suitable for parking in the medical center is leased to EVMS. Parking operations is contracted by EVMS to Edison Parking Management. The Edison Parking office is located on the first level of the parking garage and can be reached at 446-5618.

General EVMS parking procedures include:

1. Each EVMS employee is issued a control parking card and assigned, space permitting, to a parking lot nearest to the work place. The cost of employee parking is borne by the individual institution. Currently the cost to EVMS is $23.00 per card, per month. You may call 446-7496 for employee parking assistance.
2. Students (1st through 4th), the Graduate Master’s Program, and Surgical Assistants, park in the lot # 2 visitor garage. Contact the Edison Parking office at 446-5618 for assistance.
3. Residents and interns are assigned parking in the lot # 2 visitor garage. EVMS departments may contact the Office of Graduate Medical Education, located in Smith Rogers Hal room 203, at 446-6190, for assistance.
4. No card deposit is required.
5. Parking cards are the property of EVMS and must be returned to the place of issue.
6. There is a $10.00 card replacement fee.
7. EVMS parkers, assigned to the lot # 2 visitor parking garage are NOT AUTHORIZED to park on the surface lot.
8. A perimeter lot shuttle bus system operates nine hours daily to transport employees to and from the South Campus parking lots to the work place.
Bookstore

The purpose of the EVMS Bookstore is to provide specific text materials and products to the students, faculty, staff and visitors of the medical school. The bookstore was organized by the medical students in 1976 to fill their need for a convenient medical text retailer. In 1984 the operation of the bookstore was turned over to the Director of Auxiliary and Support Services. Currently the bookstore is operated under a lease management agreement with Matthew’s Medical Book Company. A manager, assistant manager and cashier staff the bookstore. All personnel are employees of Matthew’s Medical Book Company.

The bookstore stocks required and recommended texts and reference books for Eastern Virginia Medical School. Faculty may order books for classes by submitting a "text adoption form" available through the bookstore. Also available are school and office supplies, medical equipment, clothing, novelties and snack items. Special orders are accepted. In addition, the bookstore can arrange medical equipment repairs.

The bookstore is located on the first floor of Lewis Hall. The hours of operation are 8:30 A.M. until 5:30 P.M., Monday through Friday and 10:00 A.M. until 2:00 P.M. on Saturday. You may contact the bookstore by calling 446-5818.