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The Kirk Kerkorian School of Medicine at UNLV will deliver high-quality innovative education, research, and superb clinical care to meet the healthcare needs of the growing and diverse population of Nevada.

The Kirk Kerkorian School of Medicine will serve our patients, students, medical professionals, and community as a transformational force for improving health care in Nevada. This is accomplished by delivering evidence-based, innovative centers of excellence in medical education and research, coupled with cost-effective, high-quality care that improves the health



For this document, the term “faculty” shall refer to academic tenured, tenure-track, and non-tenure track faculty unless otherwise specified. Policies concerning administrative faculty are provided in the UNLV Bylaws.

There are four ranks of academic faculty, designated for contract purposes by Roman numerals as follows: Professor (IV), Associate Professor (III), Assistant Professor (II), Instructor (I). Tenured and tenure-track academic faculty may be employed at rank IV, III, or II.

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Academic faculty with at least a 50% time appointment in the Kirk Kerkorian School of Medicine are eligible to vote in faculty elections and serve as elected or appointed committee members.

Academic faculty with less than a 50% time appointment in the Kirk Kerkorian School of Medicine are encouraged to participate in faculty meetings, but they may not vote in faculty elections nor be elected or appointed to standing committees. In some circumstances, non-voting faculty may be appointed to certain standing committees as ex-officio members because of specific expertise or responsibilities.

A listing of all voting and non-voting members of the Kirk Kerkorian School of Medicine faculty will be kept by the Kirk Kerkorian School of Medicine Human Resources Department. This listing shall be provided to the executive committee on the first day of the academic year (July 1).

The responsibilities of the academic faculty include instruction, research, scholarship, clinical care, public, community, and university service. At the time of appointment, and annually thereafter, the workload expectations related to each of these roles, and the metrics for evaluating them will be clearly delineated in writing. The distribution of workload assignments will be determined in accordance with the mission and priorities of UNLV and the goals and needs of the Kirk Kerkorian School of Medicine and each faculty member's department.

To the extent possible for clinical faculty, all workload assignments shall be consistent with the UNLV Workload Assignment Policy and Guidelines, Kirk Kerkorian School of Medicine Workload Policy, the Board of Regents Handbook, and bylaws of UNLV and school of medicine. Kirk Kerkorian School of Medicine faculty are exempted from the standard university instructional requirement of three (3) courses per semester (see Board of Regents Faculty Workload Guidelines in Board of Regents Handbook Title 4, Chapter 3, Section 3.6e). It is recognized that the unique nature of the teaching programs in the Kirk Kerkorian School of Medicine does not fit into the standardized credit hour guidelines. The Kirk Kerkorian School of Medicine faculty workload assignments and policy shall parallel the university Workload Assignment Policy and Guidelines, only differing where appropriate and justified. Som(f)-nt (k)-e(UNL)-3.3 g pr7



The academic departments are the basic organizational units of the school of medicine. Establishment and naming of academic departments is subject to the Nevada System of Higher Education Code and Board of Regents approval.

All academic faculty appointments shall have a department designation. A faculty member may be appointed in more than one department, but only one department can be designated as the primary department. For purposes of faculty governance where departmental affiliation is specified, the faculty member's department will be that in which he/she has the primary appointment [See UNLV Bylaws Chapter I, Section 4.2].

Each department has a chair. Appointment of the chair takes into consideration the input from the department faculty and is in accordance with institutional policy [See UNLV Bylaws Chapter II, Section 10.8]. Department faculty recommends a candidate to the dean, who recommends the candidate to the executive vice president and provost (EVPP).

The chair, with the input from the department academic faculty, shall be responsible for recommending appointments within the department, in accordance with the operating procedures of the faculty appointments, promotion and tenure committee.

Departments shall be responsible for developing policies related to their educational functions and for executing educational programs in accordance with the overall curriculum of the Kirk Kerkorian School of Medicine [See UNLV Bylaws Chapter I, Section 4.4 and Chapter II, Sections 5 and 6]. The departments shall be engaged in teaching, research, and service to the academic community and the public [See Workload for Faculty in UNLV Bylaws Chapter III, Section 2], and when appropriate, clinical service. In each of these endeavors, the chair shall be responsible for evaluating and supporting faculty efforts.

Each year, adhering to a schedule established by the dean, the chair shall be responsible for reviewing the qualifications and performance of all members of the department's faculty in accordance with the policies of the Kirk Kerkorian School of Medicine [See UNLV Bylaws Chapter III, Section 5 and 8]. The chair will provide each faculty member having a faculty appointment of 50 percent time or more a written evaluation each year. Reviews shall be

conducted in accordance with the school of medicine, UNLV Bylaws and NSHE Code [See NSHE, Title 2, Chapter 5, Section 5.12 and 5.13].

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The admissions committee is structured to represent the school of medicine academic

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non-voluntary leaves of absence, suspension, and dismissal. The EMSPC identifies and recommends to the dean for graduation those students who have satisfactorily completed all graduation requirements.

4.3.2.3 Conflict of Interest

Members must recuse themselves from discussion and voting on any student issue they identify may cause a conflict of interest. They should notify the chair as soon as possible once they identify the possible conflict of interest. The committee will provide guidelines for what is considered to be a conflict of interest that disqualifies a member from voting.

4.3.2.4 Continuous Quality Improvement

For the purpose of continuous quality improvement, the phase c.63.1 (q)TJEMC /H5 MCID 3 B

- 4.4.2.1 The curriculum oversight committee is structured to promote robust faculty involvement in the design, implementation, and evolution of the school of medicine's curriculum. It has the authority and accountability for oversight of the design of the curriculum, including competencies, learning objectives, curriculum implementation, setting standards of achievement, and evaluation procedures for the entire four-year curriculum. The committee has responsibility for the curriculum improvement process.
- 4.4.2.2 The committee is charged with developing and implementing the process for continuous oversight and evaluation of the curriculum to assure that it is coherent, coordinated, integrated, and in compliance with Liaison Committee on Medical Education (LCME) standards. This includes oversight of curricular content, learning objectives, pedagogies, assessments, and all pertinent outcomes. It may initiate additional curriculum development activities as needed, for example, in response to changing LCME requirements.
- 4.4.2.3 The curriculum oversight committee will have four internal working groups in the following areas: (1) basic sciences, (2) clinical education, (3) community engagement, and (4) LCME compliance. The charges of the working groups are as follows:
 - 4.4.2.3.1 Basic sciences working group – assure the principles of the sciences basic to medicine are appropriately represented and coordinated throughout the curriculum.
 - 4.4.2.3.2 Clinical education working group – assure the principles of clinical practice are appropriately represented and coordinated throughout the curriculum.
 - 4.4.2.3.3 Community engagement working group – assure the principles of community service, the social determinants of health and disease, health disparities, and hospitality are appropriately represented and coordinated throughout the curriculum.
 - 4.4.2.3.4 LCME compliance working group – assure the planning and implementation of the curriculum is aligned with each pertinent LCME standard.
- 4.4.2.4 Course/clerkship directors may not serve on a working group where a significant conflict of interest exists. Voting members must likewise recuse themselves from committee matters where a significant conflict of interest exists.
- 4.4.2.5 The Curriculum Oversight Committee is responsible for developing mechanism(s) to allow the submission of agenda items, as well as making this

- 4.4.3.1 Nine members will constitute a quorum.
- 4.4.3.2 The curriculum oversight committee will meet monthly. Ex-officio members will have standing invitations to alternating meetings.
- 4.4.3.3 When ex-officio members are not present at a meeting, the chair will be responsible for communicating committee actions in writing to the vice dean for academic affairs and education.

The charge of the research committee is to create liaison across the UNLV community to facilitate research activity and to review and provide feedback on research activities, issues, proposals, and potential funding opportunities within the Kirk Kerkorian School of Medicine office of research. The committee shall be charged with the development of the strategic plan for research efforts and recommend to the dean allocation of research funds which have been placed at the

- e) Major changes in ACGME-accredited programs' structure or duration of education;
- f) Additions and deletions of ACGME-accredited programs' participating sites;
- g) Appointment of new program directors;
- h) Progress reports requested by a review committee;
- i) Responses to clinical learning environment review (CLER) reports;
- j) Requests for exceptions to duty hour requirements; and
- k) Voluntary withdrawal of ACGME program accreditation, requests for appeal of an adverse action by a review committee, and appeal presentations to an ACGME Appeals Panel.

4.7.2.3 The GMEC must demonstrate effective oversight of the school of medicine's Institutional ACGME accreditation through an annual institutional review (AIR).

4.7.2.4 The GMEC must identify institutional performance indicators for the AIR that includes:

- a) Results of the most recent institutional self-study visit;
- b) Results of ACGME surveys of residents/fellows and core faculty; and,
- c) Notification of ACGME-accredited programs' accreditation statuses and self-study visits.

4.7.2.5 The AIR must include monitoring procedures for action plans resulting from the review.

4.7.2.6 The DIO must submit a written annual executive summary of the AIR to the governing body.

4.7.2.7 The GMEC must demonstrate effective oversight of underperforming programs through a special review process that meets current ACGME requirements.

Attendance: The GMEC must meet a minimum of twice per academic year.

4.7.3.1 Each meeting of the GMEC must include attendance by at least one resident/fellow member.

Kirk Kerkorian School of Medicine peer review shall be in accordance with the UNLV Bylaws, Chapter III, Section 8. The peer review procedure is not automatic;2 1 Tf-0.002 bTJ0 -1.b.5 (h 6 (on 8)(k)-2 (6 (c

various areas of the school of medicine, including undergraduate medical education, graduate medical education, research, clinical, and compliance offices.

When a written request for peer review is received by the dean, the dean shall select members of the peer review committee from the appropriate pool of elected members.

To avoid conflicts of interest, faculty from the same department or faculty who have personal or professional ties to the faculty member seeking peer review, may not serve on the peer review committee. Tenure-track faculty members (those who are on a tenure-track but not yet tenured) are not eligible to serve on Kirk Kerkorian School of Medicine.

new and existing programs and policies based on feedback and data collected from faculty and other offices within the institution in order to ensure continuous



Proposed amendments to the Kirk Kerkorian School of Medicine Bylaws will be presented to the Kirk Kerkorian School of Medicine faculty along with notification of the time and place of a meeting for the purpose of discussing the bylaw amendments. These will be distributed to all

Demonstration of excellent collaboration and professional citizenship.
Full-time clinician-educators have the title instructor, assistant professor, associate professor, or professor.

Faculty in the full-time clinician-educator track are persons whose:

- Appointment is 0.5 FTE or greater.
- Primary responsibility is to provide direct clinical service.
- Clinical practice incorporates teaching, mentoring, and development of educational programs.

Entry level for faculty appointment on the clinician-educator track is usually at the assistant professor rank.

This track requires completion of formal training to meet medical board eligibility requirements when appropriate. Appointment packets must include at least three letters attesting to the professional skills and character of the candidate. At the time of new full-time clinical faculty appointments, the specific scope of responsibilities must be established. These responsibilities will be reviewed annually and form the basis for the clinical faculty appointment. Clinician-educator appointments are annual appointments for the academic year July 1 through June 30. Decisions regarding reappointment are made by March 31 of the first year and by December 31 each succeeding year.

The policy and expectation of the Kirk Kerkorian School of Medicine is that all faculty conduct themselves with professionalism, dignity, and respect in their interactions with patients, students, members of the public, and each other. Professionalism includes demonstration of excellence, integrity, inclusion, innovation, compassion, and humility.

Professionalism should be assessed annually by the department chair as part of the annual review process. A faculty member is rated as consistently meeting expectations by demonstrating:

- Respect for colleagues, trainees, patients, staff, and visitors.
- Sensitivity and responsiveness to others' culture, age, gender, and disabilities.
- Support for diversity, equity, and inclusion.
- Responsibility as a leader and positive role model.
- A commitment to working as a team member who is accountable to others, confronts unprofessional behavior, distributes finite resources fairly, and works constructively to support established operational goals.
- Adherence to laws and ethical codes related to the business of healthcare, including patient confidentiality, timely completion of medical records, and accurate professional fee billing.
- Commitment to improving quality of care, patient safety, and appropriate use of hospital resources.

For faculty engaged in research: protection of human subjects and intellectual integrity and adherence to university research regulations.
Appropriate management of conflicts of interest.

At the time of the initial appointment as a clinician-educator, guidelines should be established that can be used for the evaluation of clinical service.

Clinical care will be evaluated across several domains. Data may not be available in each of the domains, and the chair will work to individualize clinical evaluation with each faculty member. The goal is for the faculty member to demonstrate excellence in aspects of patient care. The following areas will be reviewed to determine excellence in clinical care: clinical productivity, measures of quality of care, uniqueness of clinical services provided, and awards or recognition of clinical care provided.

Clinical productivity - this includes measurable factors such as relative value units (RVUs).

Number of clinic sessions, inpatient attending coverage, and surgeries and procedures.

Quality measures - includes reported measures of quality such as Healthcare Effectiveness Data and Information Set (HEDIS) measure, patient surveys, etc.

Uniqueness of service provided - services that are underserved in the area, procedural skills not available in the community, and being an active contributor to a center of excellence.

Award and recognition for clinical care - awards internally and externally for clinical care, examples include top doctor awards and recognition by professional societies.

For promotion on this track, the faculty member will be evaluated with a focus on two main areas:

Medical knowledge: problem-solving skills, evidence-based management of patients, and overall clinical skills.

Professionalism: responsibility, compassion, and management of the psychosocial aspects of a patient's well-being.

The following evaluations will be reviewed for each faculty member: annual evaluations and trainee evaluations.

Annual evaluation: The evaluation will review all the data in areas noted above i.e. clinical productivity, quality measures, assessing uniqueness of practice, and awards.

Trainee evaluation: fellow, resident, and student evaluations in the domain of clinical care can be used to evaluate and support the application.

Inclusion of all formal evaluations of teaching and/or mentoring is the responsibility of each faculty member. Such assessments include, but are not limited to, the following:

Teaching evaluations from students, residents, fellows, or other audiences, including practitioners participating in continuing medical education courses.

Formal evaluations by persons who have been mentored, as well as evidence of the impact of the mentoring on the person's career.

The teaching evaluations are evaluated at all levels of the promotion review cycle.

In order to achieve "excellence" in teaching effectiveness, significant contributions must be made in a clinical and/or non-clinical educational setting. There are many ways to accomplish this as suggested in the examples below. 9 (ev)c sigeeo sT (i)2(6n teachi \$)

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A department may initiate the promotion process once the department's promotions standards document has been approved by the faculty appointment promotion and tenure (FAPT) committee and the dean.

1. Promotion packet is presented to the department promotions committee. Packet includes:
 - Updated applicant curriculum vitae (CV).
 - Letters from outside reviewers (four). Outside reviewers should be provided the candidate's CV and supporting documents (e.g., evaluations, publications, awards, education contributions). Criteria for selection of outside reviewers is consistent with that of UNLV.
 - Completed application packet.
2. Based on the departmental criteria for rank, the committee of peers evaluates the candidate's application and makes a recommendation to the department chair.
3. Based on the departmental criteria for rank, the chair makes a recommendation to the FAPT.
4. Based on the Kirk Kerkorian School of Medicine and departmental criteria for rank, FAPT makes a recommendation to the dean.
5. Based on the FAPT recommendation, the dean makes a recommendation to the provost.
6. The provost makes a final decision on promotion.
7. Candidates are notified of a final decision by the provost.

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