

STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

4.1 SUFFICIENCY OF FACULTY

A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.

SUPPORTING DATA

Table 4.1-1 | Total Faculty

Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year (as available).

Academic Year	Full-time faculty		Part-time faculty		Volunteer faculty	
	Basic science	Clinical	Basic science	Clinical	Basic science	Clinical
2014-15	40	200	0	51	40	399
2015-16	37	221	3	50	40	287
2016-17	25	236	1	48	27	292
2017-18	27	253	0	40	19	238
2018-19	31	268	1	50	8	228

Table 4.1-2 | Basic Science Faculty

List each of the medical school's *basic science (pre-clerkship)* departments and provide the number of faculty in each. Only list those departments (e.g., pathology) included in the faculty counts in table 4.1-1. Schools with one or more regional campus(es) should also provide the campus name. Add rows as needed.

Campus	Department	Full-time faculty					Part-Time Faculty
		Professor	Associate Professor	Assistant Professor	Instructor/ Other	Vacant	
	Biomedical Science	10	14	4	3	5	1

Table 4.1-3 | Basic Science Teaching Responsibilities

List each of the medical school's *basic science (pre-clerkship)* departments and indicate whether required courses are taught for each listed student-type ("Y" for yes, "N" for no). Only list courses for which departmental faculty have primary and ongoing responsibilities (e.g., reporting final grades to the registrar). Only include interdisciplinary courses once per department. Add rows as needed.

Campus	Department	Student Type					
		Medical	Graduate	Dental	Nursing	Allied health	Undergraduate
	Biomedical Science	Y	Y	N	N	N	N

Table 4.1-4 | Clinical Faculty

List each of the medical school's *clinical departments* and provide the number of faculty in each. Only list departments included in the faculty counts in table 4.1-1. Schools with one or more regional campus should provide the campus name in each row. Add rows as needed.

Campus	Department	Full-time faculty					Other / Not full-time	
		Professor	Associate professor	Assistant professor	Instructor/ Other	Vacant	Part-time faculty	Volunteer
	Cardiovascular Services	4	3	7	0		4	14
	Clinical & Translational Sciences	1	0	4	3		0	2
	Dermatology	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>	0
	Family & Community Health	9	4	20	5		17	24

	Internal Medicine	11	15	26	1		11	13
	Neurology	0	2	7	0		0	5
	Neurosurgery	3	2	1	0		0	4
	Obstetrics & Gynecology	4	3	6	2		0	19
	Ophthalmology	0	1	4	0		1	0
	Orthopaedic Surgery	3	8	11	0		4	13
	Pediatrics	5	13	23	0		4	13
	Psychiatry & Behavioral Medicine	2	2	6	1		1	5
	Radiation Oncology	1	0	2	0		2	0
	Radiology						3	22
	Surgery	5	10	9	0		2	90
	Pathology	1	7	3	0		1	0
	Dentistry	1	2	1	0		0	4
	Urology	2	0	1	0		0	0

Table 4.1-5 | Clinical Teaching Responsibilities

List each of the medical school's *clinical* departments and indicate whether required courses are taught for each listed student-type ("Y" for yes, "N" for no). Only list courses for which departmental faculty have primary and ongoing effort (e.g., reporting final grades to the registrar). Only include interdisciplinary courses once per department. Only report Pathology data if Pathology is included as a clinical department in table 4.1-1. Add rows as needed.

Campus	Department	Student Type					
		Medical	Dental	Nursing	Allied health	Public health	Other (specify)
	Pathology	Y	N	N	N	N	Graduate Program-Clinical Translational Science
	Cardiovascular Services	Y	Y	N	N	N	
	Clinical & Translational Sciences	Y	N	N	N	Y	
	Dermatology	Y	N	N	N	N	
	Family & Community Health	Y	N	N	N	Y	
	Internal Medicine	Y	N	N	N	Y	
	Neurology	Y	N	N	N	N	
	Neuroscience	Y	N	N	N	N	
	Neurosurgery	Y	N	N	N	N	
	Obstetrics & Gynecology	Y	N	N	N	N	
	Ophthalmology	Y	N	N	N	N	
	Orthopedic Surgery	Y	N	N	N	N	
	Pediatrics	Y	N	N	N	N	
	Psychiatry & Behavioral Medicine	Y	N	N	N	N	
	Radiation Oncology	Y	N	N	N	N	
	Radiology	Y	N	N	N	N	
	Surgery	Y	N	N	N	N	

Table 4.1-6 | Protected Faculty Time

Provide the amount of protected time (i.e., time with salary support) that the following individuals have for their educational responsibilities (include a range if not consistent within each group). Add rows as needed.

	Amount
Pre-clerkship/preclinical course directors, including directors of clinical skills courses	25%
Clerkship directors	25%
Chair of the curriculum committee	25%

NARRATIVE RESPONSE

- List all faculty with substantial teaching responsibilities who are on site at their teaching location fewer than three months during the academic year.

There are no faculty with substantial teaching responsibilities who are on site at their teaching location for fewer than three months during the academic year except for immunology as explained below.

- b. Describe any situations where there have been recent problems identifying sufficient faculty to teach medical students (e.g., to provide lectures in a specific content area, to serve as small group facilitators).

Two years ago, our neuroanatomy faculty member retired. We have been actively recruiting a replacement. To fill this gap, we hired an instructor from Vanderbilt who came and taught neuroanatomy for approximately three weeks. A replacement has been recruited and joined the faculty in July of 2018.

Three years ago, our immunology faculty member retired after more than 30 years of service. To ensure that students got adequate exposure to immunology, we asked a colleague from the University of Kentucky to teach approximately three weeks of intense immunology. Recruitment is ongoing for a permanent replacement

- c. Describe anticipated attrition in the basic science and clinical faculty over the next three years, including faculty retirements. Note if attrition will involve faculty who participate in the medical education program.

JCESOM has on average a 4-5% attrition rate per year. In the StandPoint™ faculty survey conducted in 2017, only 3% of faculty reported they would be considering retirement and only 3% report they were likely or highly likely to leave the medical school. Recruitment has outpaced retirement and attrition, as the clinical faculty numbers have demonstrated slow but progressive growth and basic science faculty have remained adequate for educational requirements. Basic science faculty has had a slightly larger number of retirements occur over a period of approximately two years and one recent unexpected death which has presented that large department with a few more challenges. Recruitment activities always remain a priority for the Dean of the Medical School, the Chair of Biomedical Science and the clinical Department Chairs when needed.

- d. Describe faculty recruitment activities, by discipline, planned over the next three academic years and provide the anticipated timing of these activities. Note if these are new recruitments or to replace faculty who have retired/left the institution.

Faculty recruitment is initiated in the clinical and biomedical science departments as vacancies arise, faculty announce their retirement, or the department chair identifies a specific need or end of need, as the case may be. Almost invariably, faculty give a full year's notice before their anticipated retirement. When other voluntary separations occur, there is usually adequate notice given by the faculty member and terminal responsibilities can frequently be negotiated. When this has not been possible, there has always been enough planned overlap and redundancy within our faculty to meet all medical education responsibilities. This means that recruitment is a somewhat decentralized process and may be taking place frequently within the medical school. This makes predictions for a three-year period difficult and fluid. However, this is all coordinated by the Chairs with the Dean and Dean's staff, consistent with the School's strategic plan, the budgeting process and available resources and acutely identified opportunities.

Currently, the Chair of the Biomedical Sciences Department is actively recruiting for five (5) faculty positions. There are three positions open in microbiology/immunology and one in anatomy/histology. These are replacement or open positions. The fifth is for a newly funded position of addiction researcher.

The following clinical departments are expecting to recruit this coming year or fill positions in the next 1-2 years in the following positions. About half are new positions that will service expanding clinical service commitments and the others to fill existing or anticipated vacancies. However, all will be expected to qualify for faculty appointments and become part of the growing cadre of teaching resources for undergraduate medical education.

Ophthalmology

- 1 additional Glaucoma subspecialist
- 1 additional Corneal subspecialist
- 1 additional Oculoplastic subspecialist
- 1 or 2 Pediatric subspecialists
- 2 General ophthalmologists

Internal Medicine

- 1 associate professor or professor in gastroenterology
- 2 gastroenterology faculty at entry level as assistant professor
- 2 endocrinology faculty
- 1 infectious disease faculty, currently in fellowship, hired and committed to start 7/20
- 2 pulmonary and critical care faculty, one in fellowship hired and committed to start 7/21
- 1 rheumatology faculty
- 2 nephrology faculty, both in fellowship, hired and committed to start in 7/19
- 2 heme/onc faculty, one in fellowship, hired and committed to start 7/19

Cardiology

- 1 assistant professor, fellowship trained in advanced imaging (CMR)

Ob/Gyn

- 1-2 general obstetrician/gynecologists
- 1 gyn/oncology

Orthopaedics

- 1 Hand and upper extremity surgeon
- 1 Foot and ankle orthopedic surgeon
- 1 Joint replacement surgeon
- 1 Sports medicine surgeon

Neurology

- 1 Epileptologist- clinical or tenure track at the assistant or associate professor level
- 1 General adult neurology clinical or tenure track at the assistant or associate professor level
- 1 General adult neurology for VAMC- clinical or tenure track at the assistant or associate professor level
- 1 Pediatric neurology- full time Clinical Neuropsychologist-tenure track- associate or full professor

Surgery

- 2 assistant professors of vascular surgery
- 2 assistant professors of plastic surgery
- 1 assistant professor of surgical critical care
- 1 assistant professor of breast surgery
- 2 assistant professors of otolaryngology
- 1 assistant professor of general surgery

Urology

- 2 assistant professors of urology

Dermatology

- 1 general Dermatologist Assistant Professor, Dermatology
- 1 program Director for Residency Assistant Professor, Dermatology

Department of Dentistry, Oral & Maxillofacial Surgery

- 1 oral maxillofacial surgeon
- 1 dentist

Pediatrics

4 General Pediatrics

1 Pediatric Infectious Disease Specialist

3 NICU specialists

1 behavior/development specialist

1 allergy/immunologist

1 pediatric oncologist

Neurosurgery

2 general Assistant or Associate Professor Neurosurgeons

Family Medicine

3 Instructors or Assistant Professors - Primary care practitioners assigned to rural sites

1 Assistant Professor within main campus Family Medicine program

1 Assistant Professor – with additional OB/GYN credentials

1 Assistant Professor to work within the Global Health Program

4.2 SCHOLARLY PRODUCTIVITY

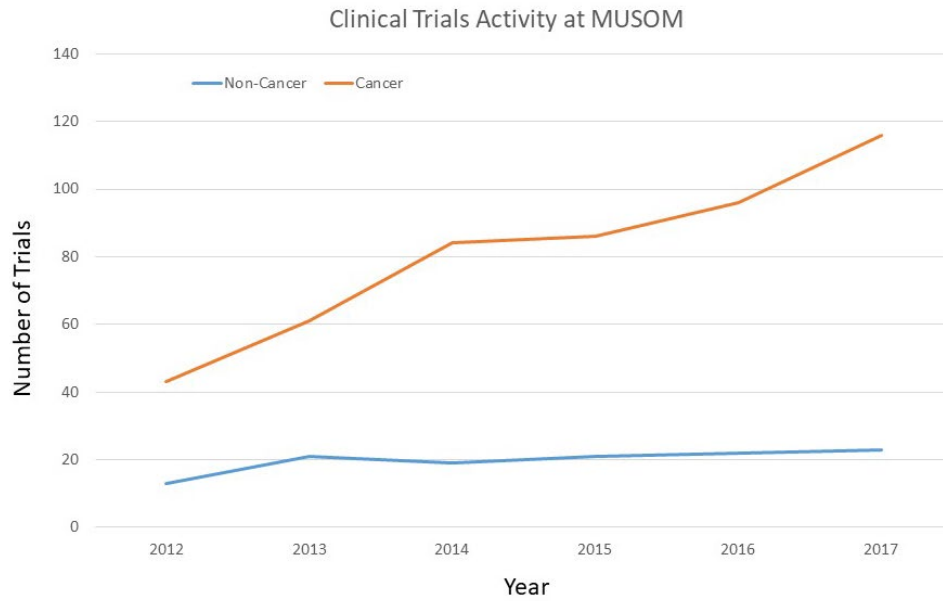
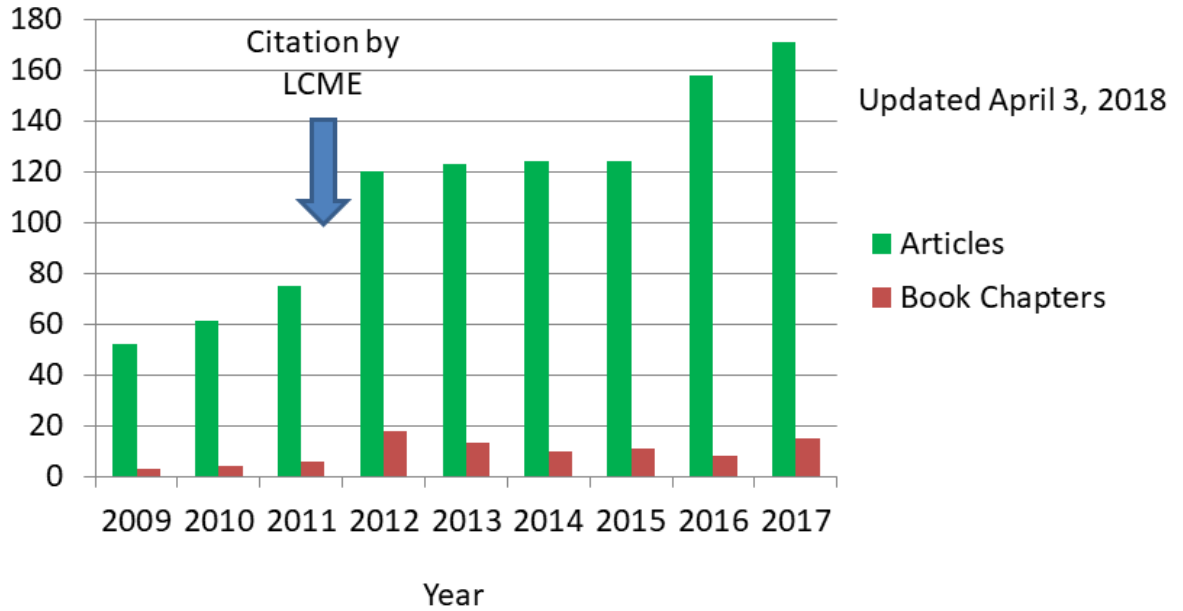
The faculty of a medical school demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

SUPPORTING DATA

Table 4.2-1 Scholarly Productivity				
Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school's accounting of faculty scholarly efforts). Only count each article/book chapter once per department.				
Department	Articles in peer-review journals	Published books/ book chapters	Faculty co-investigators or PI's on extramural grants#	Other peer-reviewed scholarship*
Anatomy & Pathology	6	0	0	0
Biomedical Sciences	63	7	16	65
Clinical Translational Sciences	5	0	18	7
Family Medicine	16	0	45**	25
Internal Medicine	116	0	4	79
Obstetrics & Gynecology	20	0	0	8
Pathology	16	0	0	1
Pediatrics	23	0	4	22
Psych, Neuro, Neurosurgery	23	0	0	17
Radiology	3	0	0	2
Surgery/Anesth/Ortho/Ophth	31	15	1	19
Totals (articles counted once)	171 total	15 total	29 faculty on 88 grants	145
*Provide a definition of "other peer-reviewed scholarship," if this category is used: Peer-reviewed national and international presentations are included under "Other peer-reviewed scholarship."				
# Does not include pharmaceutical trials or cancer registries				
**Includes some Rural Care Contracts				
& Departments credited for multiple author papers along department row, but total is only the total number of manuscripts, book chapters, etc.				
As per MUJCESOM Promotion and Tenure Regulation "Evidence of scholarship should be manifested in a publication or comparable communication." MUJCESOM subscribes to Boyer's definition of scholarship. MUJCESOM defines scholarship in medicine as those activities that systematically advance teaching, research, and practice of medicine through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented and peer-reviewed, and 4) can be disseminated through various methods.				
Provide the year used for these data: Calendar Year 2017				

FIGURE 4.2-1 LONGITUDINAL TREND IN SCHOLARLY ACTIVITY

Scholarly Productivity JCESOM



NARRATIVE RESPONSE

- a. Describe the institution's expectations for faculty scholarship, including whether scholarly activities are required for promotion and retention of some or all faculty.

All faculty, from Instructors through Professors, and from the time of appointment, are expected to demonstrate appropriate behaviors in the areas of scholarly activity, education, and service. These expectations are quantified in each yearly letter of appointment. These qualities are also used in the yearly evaluation of faculty by their chairs to satisfy probationary status and to achieve another yearly contract or letter of appointment (retention). The quality, amount and extent of these same qualities are evaluated in consideration for promotion by the JCESOM Personnel Advisory Committee in a very detailed fashion spelled out by the JCESOM Faculty Promotion and Tenure guidelines. If a faculty member is on a Tenure Track appointment, granting of tenure is similarly dependent on progress in scholarly activity that is more research-focused and more dependent on publications. This is also spelled out in school tenure policy. This process is available to faculty through initial orientation processes, policies available on the website, through a faculty handbook and through their Annual Faculty Evaluation process with Chair and Dean.

In a faculty StandPoint™ survey, 63% of faculty responded that they understand the expectation of research and scholarship for promotion compared to peer institution's 61%.

4.3 FACULTY APPOINTMENT POLICIES

A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve the faculty, the appropriate department heads, and the dean, and provides each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

NARRATIVE RESPONSE

a. Describe how and when faculty members are notified of the following:

1. Terms and conditions of employment, including privileges
2. Benefits
3. Compensation, including policies on practice earnings
4. Assignment to a faculty track

Faculty members are notified of the terms and conditions of employment including responsibilities, expectations of privileging, benefits, and assignment of tracks in their memo of intent or offer letter. Each department has its own policy on incentives and/or the sharing of practice earnings, which is also shared at the time of hire. Faculty have all these issues subsequently spelled out in a Notice of Appointment once terms for employment are agreed upon. Clinical privileging, itself, is coordinated with our Academic Medical Center and other affiliated hospitals and clinical settings. Achieving and maintaining certain privileges is often a requirement spelled out in the appointment letter, as well.

b. Describe how and when faculty members are initially notified about their responsibilities in teaching, research and, where relevant, patient care and whether such notification occurs on an ongoing basis.

All basic responsibilities as outlined above are also enumerated in the faculty member's first Notice of Appointment (contract). Each faculty member's contract is renewed annually. This is done after the annual review and approval of the Faculty Evaluation Form by each faculty's chair and approval of the Dean. There is a new contract generated yearly, signed by the Dean, the President of the University and faculty member with all responsibilities and terms reiterated.

SUPPORTING DOCUMENTATION

1. Medical school or university policies describing the qualifications required for each faculty track, and procedures for initial faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal. Note when these policies and procedures were last reviewed and approved.

- 4.3-1 JCESOM Faculty Handbook*
- 4.3-2 P & T Policies and Procedures – revised May 2018*
- 4.3-3 Chair's Administrative Guide*
- 4.3-4 Memo of Intent/Offer Letter Template*
- 4.3-5 MUBOG Faculty Promotion*
- 4.3-6 MUBOG Faculty Tenure*

4.4 FEEDBACK TO FACULTY

A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward promotion and, when applicable, tenure.

NARRATIVE RESPONSE

- a. Describe how and when faculty members receive formal feedback from departmental leaders (i.e., the department chair or division/section chief) on their academic performance, progress toward promotion and, if relevant, tenure.

All Faculty members receive formal feedback during their annual performance evaluation, which is conducted yearly by their department chair/division or section chief during the spring semester. Any evaluation process considers the nature of the assigned duties and the quality of the faculty member's performance of those duties. JCESOM faculty members are aware that the annual evaluations will be conducted and that they will be requested to provide a report of evidence of performance (with any interpretive comments or supporting data) regarding their teaching, research and scholarly activities, service, and other pertinent information. At the end of this process, a Faculty Activity Summary Report is electronically submitted, documenting their performance and progress toward relevant goals, and signed by Chair and faculty member. It is reviewed and approved by the Dean.

Additional informal opportunities to receive feedback are also available to faculty. Department chairs, section chiefs and administrative staff are always available to provide a variety of support and guidance. Faculty on tenure tracks must also have an official mid-tenure review.

Chairs and Division Chiefs are provided with professional development materials and other opportunities to develop their feedback skills. Much of this comes through the efforts and programs provided by the Office of Faculty Advancement.

Standpoint survey results indicated JCESOM faculty showed higher global satisfaction (74%) compared to their peer group (69%) and national standpoint survey institutions (68%). Regarding survey questions related to receiving feedback, 82% of faculty reported they are satisfied with the feedback they received from their unit head and it is useful.

SUPPORTING DOCUMENTATION

1. Medical school or university policies that require faculty to receive regular formal feedback on their performance and their progress toward promotion and, if relevant, tenure, including the date when these policies were last reviewed and approved.

- 4.4-1 MUBOG Faculty Evaluation
- 4.4-2 JCESOM Faculty Evaluation Policy
- 4.4-3 JCESOM Faculty Evaluation Form

4.5 FACULTY PROFESSIONAL DEVELOPMENT

A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and or research to enhance his or her skills and leadership abilities in these areas.

NARRATIVE RESPONSE

- a. Describe the availability and organizational placement (e.g., faculty development office, medical school dean's office, university office) of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Note if faculty development is the primary responsibility of each of these individuals. If not, do they have sufficient time for this responsibility?

The Office of Faculty Advancement (OFA) is dedicated to supporting faculty in achieving their highest ambitions as educators, investigators, and clinicians. The office is headed by an Associate Dean, whose primary responsibility is to design, develop, and implement professional development programs and activities for medical school faculty. The office has significant, but not exclusive, support from the other Vice and Associate Deans and, in particular, from the OME. The Associate Dean for Faculty Development reports to the Vice-Dean for Clinical Affairs. The Associate Dean for Faculty Development is the only individual whose time is nearly fully devoted to these activities – 80% of the effort. This Dean is supported by one FTE support staff. To this point, the time commitments have seemed satisfactory to the mission of the office, but the Dean of JCESOM and other advisory groups closely monitor this resource because of its critical mission to overall success.

Programs such as Promoting a Community of Excellence (PACE) in teaching have been developed and are geared toward teaching faculty. Several senior faculty from various departments also collaborate with the OFA to offer one-on-one peer mentoring and workshops in PACE program activities.

The OFA, in partnership with the Office of Medical Education, is also available to assist faculty in assessment and evaluation. Faculty leaders, including the Associate Dean for Medical Education, Associate Dean for Faculty Advancement, and Director of Biomedical Education, have participated in the Harvard Macy System-Based Course. Online faculty development through NBME assessment modules are also made available for faculty leaders such as course and clerkship directors.

Furthermore, there are several online webinars and modules offered to faculty on a variety of topics including wellness, assessment, leadership, and mentoring. Faculty participating in this volunteer program are awarded Academic Citizenship Points (ACPs).

- b. Describe how faculty members are informed about the availability of faculty development programming. How does the medical school ensure that faculty development is accessible at all instructional sites, including clinical affiliates and regional campuses?

A multi-pronged approach is used to inform faculty of faculty development opportunities. Flyers (printed and digital) and announcements are sent via campus mail and emails. Web postings (including Social Media) keep faculty informed, as well as personalized email messages delivered through Mail Chimp. Faculty who sign up for an event are sent friendly reminders through Outlook. Faculty development opportunities are open to all faculty, including volunteer faculty. Sessions are recorded and posted on the faculty advancement website for later viewing by all interested faculty.

- c. Describe how problems identified with an individual faculty member's teaching and assessment skills are remediated.

All faculty and courses are evaluated anonymously by the students. These evaluations are reviewed after every course and clerkship by the Office of Medical Education (OME). Any concerns are reported by the OME to the block leader or clerkship director. The OME assists those individuals in counseling the affected faculty member and formulating a plan to possibly adjust their educational approach. The next step would be to involve the department chair in assisting faculty who may need additional help, including involvement of the OFA.

- d. Describe the availability of funding to support faculty members' participation in professional development activities related to their respective disciplines (e.g., attendance at professional meetings) and to their roles as teachers (e.g., attendance at regional/national medical education meetings).

Each department supports faculty members' participation in professional development activities with funds and protected time for travel to regional and national medical education meetings. Department Chairs encourage participation in both discipline-specific and strictly educator-content courses. The dean's administrative staff is also well supported to attend regional and national conferences in their area of oversight.

- e. Provide examples of formal activities at the departmental, medical school, and/or university level used to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. List the personnel available to assist faculty in acquiring and enhancing such skills.

JCESOM offers many programs, such as:

1. The Research in Progress Conference Series
2. A Biostatistics and Research Study Design course
3. An IRB Clinic
4. An individualized program on publication
5. An Institutional Animal Care and Use Committee (IACUC) clinic
6. Marshall University Research Cooperation (MURC) offers programs on Grantsmanship 101, proposal writing, and a JCESOM specific session on finding funding
7. A PACE Research Certificate program is offered for those faculty who are interested in pursuing research and scholarship.

The Vice Dean for Biomedical Research, Vice Dean for Clinical Translational Research, Associate Dean for Faculty Advancement, Assistant Dean for Clinical Research, and Director of Research Development and Medical Informatics work in alignment to support all of the above programs. These persons are also available to provide individualized help and support to faculty in their research projects.

- f. Describe the specific programs or activities offered to assist faculty in preparing for promotion.

The Office of Faculty Advancement maintains resources for faculty on its website to assist with promotion and tenure, which includes tools such as an online CV builder, online tracking for faculty scholarly activity, and a template for the academic portfolio. The OFA offers bi-annual sessions on P & T boot camp.

Additionally, individualized mentoring and guidance is offered by the Associate Dean for the Office of Faculty Advancement.

A personnel advisory representative of each department provides additional support to their respective departmental faculty in preparing for promotion and/or tenure.

Additional resources offered:

- FAQ sheet for Faculty: How do I get promoted?
- FAQ sheet for Chairs: How do I promote my faculty?
- Faculty development for department chairs and section chief: Annual session on “Best practice conducting an annual evaluation for faculty.”
- New Member onboarding and Orientation to– P & T committee

SUPPORTING DOCUMENTATION

1. Provide a list of the faculty development programs (e.g., workshops, lectures, seminars) that were provided during the most recent academic year, including general topic and attendance, and the locations where these programs were offered.

4.5-1 Faculty Development 2017-2018

4.6 RESPONSIBILITY FOR EDUCATIONAL PROGRAM POLICIES

At a medical school, the dean and a committee of the faculty determine the governance and policymaking processes of the program.

NARRATIVE RESPONSE

- a. Describe the membership of the medical school executive committee, its charge or purpose and how often it meets. Provide examples of the committee's priority areas during the most recent academic year and how those priorities are set.

As per JCESOM faculty bylaws, the faculty determines all matters of educational policy with respect to educational programs including degree requirements, recommendations for honorary degrees, academic standards, student conduct and welfare, and general School of Medicine development.

The Faculty Council, as established and described in the bylaws, serves in the capacity of the Medical School Executive Committee. It reviews the recommendations pertaining to the governance and policymaking surrounding JCESOM educational programs and several other purposes outlined in the bylaws. These recommendations may come from the standing committees or other duly instituted bodies within JCESOM. After providing oversight, these recommendations are approved and sent to the Dean for implementation. The committee may, itself, also institute policy and other governance issues related to medical education. The size of the committee and source of members may vary and are described in bylaws and operating rules. However, the committee must be made up of full-time faculty. They are elected for 2 year terms, and the committee elects its chair.

Finally, the Faculty Council Chair is also invited by the Dean to sit in on two monthly meetings, Department Chairs and Dean's Staff, for the purposes of allowing a faculty representative to engage with senior management, providing oversight and input from the faculty, and advocating for policies and strategies that support the overall educational mission of the organization.

Based on faculty engagement Standpoint™ survey data, the following priorities were established by the faculty council for 2017-2018:

- Faculty Wellness
- Faculty Mentoring
- Faculty Recruitment and Retention

Faculty Bylaw updates and changes identified as needed by LCME activities were also recognized as a need and added as a priority this past year.