

# DUQUESNE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE FACULTY HANDBOOK POLICY AND PROCEDURE EXCERPTS

## **TERM OF APPOINTMENT**

### **Initial Faculty Appointments**

COM faculty includes faculty who are 1) hired by the COM (employed COM faculty), 2) who teach (or plan to teach) medical students at the COM (e.g., adjunct faculty), and 3) those who teach (or plan to teach) medical students in COM-affiliated teaching sites (e.g., clinical sites).

Employed COM faculty receive initial faculty appointment and rank as detailed in an employment offer. The determination of initial faculty rank follows the guidelines below and is determined by the Dean.

Faculty who teach (or plan to teach) medical students at the COM or COM- affiliated teaching sites are reviewed by the Appointment and Promotion Committee for approval and then recommended for faculty appointment and rank to the Dean.

### **Faculty Appointment Procedure**

All COM faculty are academically credentialed and/or approved according to the information outlined below.

Faculty who teach (or plan to teach) medical students at the COM or COM-affiliated teaching sites must submit the appropriate documentation to be reviewed and approved by the Committee. These faculty must submit a curriculum vitae to be considered for a faculty appointment and must have demonstrated appropriate qualifications in their field. Physician faculty in the patient care environment must have an active medical license and active board certification (or board eligibility). Primary source verification is acceptable documentation to demonstrate licensure and certification. Physician faculty who are active medical staff at a COM-affiliated training site may submit proof of licensure and certification through the hospital credentialing approval process in the form of a letter from the site as secondary source verification.

Upon submission of the afore mentioned required documentation, faculty will be reviewed by the COM Appointment and Promotion Committee. The Committee will review the documentation and may request additional information if concerns or disciplinary actions are noted during the Committee's review. The Committee will then make a recommendation to the Dean for approval of qualified faculty for appointment and faculty rank according to the general guidelines below. Approved faculty will receive a letter from the University detailing faculty rank and the associated benefits. Entitlement to any University benefits is defined by the TAPs and faculty must submit the required paperwork to Duquesne University Human Resources as directed in the appointment letter. During any appointment, faculty must maintain licensure, certification, and good standing with medical and other professional licensing boards, and must within 10 days report to the Associate Dean for Clinical Affairs any lapses in licensure or board certification (or eligibility) as well as any legal or disciplinary complaints, referrals, or actions that may result in a loss or restriction of licensure, certification, or faculty appointment.

### **Faculty Ranks**

Faculty members are the academic professionals responsible for instruction, clinical practice, research, and administration in the biomedical and/or clinical sciences who have been appointed with the rank of Professor, Associate Professor, Assistant Professor, or Instructor. COM faculty academic and clinical appointments are non-tenured. Initial faculty appointments are determined by the Dean and initial rank shall be determined based upon the faculty member's qualifications at the time of initial appointment. Faculty appointments and promotions will follow the policies and principles described herein. Clinical faculty who are supervising students at core clinical sites and not hired as COM full-time faculty may receive appointments and rank from the Dean, based upon recommendations from the COM

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Appointment and Promotion Committee and core site leadership, with associated documentation.

	<b>Instructor</b>	<b>Assistant Professor</b>	<b>Associate Professor</b>	<b>Professor</b>
<b>Required Degree</b>	Master's	Doctoral	Doctoral	Doctoral
<b>Years Required at Previous Rank</b>	0	0	6	4
<b>Board certified (AOA or ABMS)<sup>†</sup></b>	At least board eligible	At least board eligible	Required	Required
<b>Previous Teaching Appointments/Rank</b>		Lateral Rank Offered*	Lateral Rank Offered*	Lateral Rank Offered*
<b>Achievement required from the 4 categories (A-D) as outlined in the descriptions below.</b>	None	None	Excellence in teaching, Meritorious in scholarship, Meritorious in one service area	Excellence in teaching, Excellence in scholarship, Meritorious in one service area

<sup>†</sup>Pertains to physicians

\*Faculty applying with academic ranks from previous accredited institutions will be considered for commensurate rank upon the time of application providing they meet the qualifications of that rank.

Note: the term “clinical” is added for appointments of physicians who are not contracted employees of the COM and who teach students at clinical sites. These physicians will be assigned the rank of Instructor or Assistant Professor. Promotions to Associate or Professor rank require submission of the appointment application, and applicants must meet the required qualifications for the academic rank.

**Instructor**

Instructor is the initial academic appointment at the master’s or doctoral level prior to completion of clinical or biomedical post-graduate training (e.g., residents in GME programs affiliated with the COM will be given a faculty appointment at the level of a clinical instructor). Faculty members appointed to the rank of Instructor must have a Master’s or doctoral degree and are expected to have demonstrated clear evidence of a commitment to professional education. Clinicians should be dedicated to successful clinical service in the area of their primary expertise as applicable.

**Assistant Professor**

Faculty members appointed or promoted to the rank of Assistant Professor must have a terminal degree, board certification if applicable, and are expected to demonstrate clear evidence of creative scholarship or successful clinical service in the area of their primary expertise. Additionally, faculty members appointed as or promoted to the rank of Assistant Professor must have documented achievement in teaching.

**Associate Professor**

Faculty members appointed or promoted to the rank of Associate Professor must have a minimum six-year record of substantial success at the rank of Assistant Professor. Additionally, to be considered for the rank of Associate Professor, the faculty member must have a documented record of excellence in teaching (as described below) and have documented meritorious achievement in the following scholarship and service categories.

*Teaching:* The development, implementation, and evaluation of innovative educational programs with regional reputation and impact. Publication of peer- reviewed articles, textbooks, or chapters in textbooks. Development and dissemination of other educational materials (e.g., websites, course design) including service in curriculum development and/or as a course director. High teaching evaluations from students and peers.

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*Research/Scholarship:* Regional recognition for research at the Associate Professor level entails clear evidence of independent research with a focused body of publications, regional and national (preferably) visibility of the research findings, and evidence of extramural support for the research. Regional and/or state poster presentations and oral/podium presentations for dissemination of research findings. The impact of the publications and the role of the faculty member in the publication (e.g., as first or last author versus co-author) are more important than the number of publications. Educational and clinical research publications in regional and national journals and textbooks can be counted towards this requirement. NBOME or NBME exam item author and/reviewer.

*Professional/Clinical Service:* Professional service may include regional editorial board appointments, journal peer review activities, other peer review activities, advisory committees, review groups/study sections, professional society service, conference organizer, session chair, consultantships, military service, community services, humanitarian activities, philanthropic activities, or other activities as relevant. Proof of leadership positions in regional or state medical education organizations/societies is required. Clinical service may include recognition in patient care as well as a track record of mentoring and teaching professional students, medical students, residents, and fellows. Development and dissemination of a unique clinical program, diagnostic test, or intervention that has had a regional impact.

### **Professor**

Faculty members appointed or promoted to the rank of Professor must have a minimum four-year record of substantial success at the rank of Associate Professor. Additionally, to be considered for the rank of Professor, the faculty member must have a documented record of excellence in teaching and one other area and have documented meritorious achievement in at least one other area (described below). Generally, the faculty at this rank must have achieved national or international leadership and professional recognition.

*Teaching:* Development, implementation, evaluation, and widespread dissemination of innovative educational programs or educational materials (e.g., websites, curricula) with documented national and/or international impact and reputation. Educational leadership and peer mentoring. Excellent teaching evaluations from students and peers.

*Research/Scholarship:* Publications in high-quality journals with high citation rates, service on national study sections, invited reviews in journals, and presentations of the candidate's research findings at national or international conferences. A number of peer-reviewed publications will be necessary to be considered for this rank, although the widespread impact of the publications and the faculty member's role in the publication is more important than the number. Evidence of extramural support for research is typically associated with this rank. Educational and clinical research publications in peer-reviewed national journals and textbooks can be counted towards this requirement. Publication of textbooks and chapters in leading textbooks. Development, leadership, and publication of educational research that has a national and/or international impact and reputation. NBOME or NBME exam item author/reviewer. Excellence may also be reflected in national and/or international poster presentations and oral/podium presentations.

*Professional/Clinical Service:* Professional service may include national and/or international editorial board appointments, journal peer review activities, other peer review activities, advisory

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committees, review groups/study sections, professional societies, conference organizer, session chair, consultantships, military service, community services, humanitarian activities, philanthropic activities, or other activities as relevant. Clinical service may include development and widespread dissemination of a unique clinical program, diagnostic tests, or interventions that have had an international impact, as documented by invited presentations at national or international conferences, and national or international awards.

All appointments and promotions are within the discretion of the Dean, subject to University policies, regulations, agreements, and guidelines and the DUQCOM Faculty Handbook.

### **Faculty Responsibilities and Obligations**

It is expected that every member of the faculty will maintain professionalism at all times. Each employee will represent the University and the COM with the utmost respect and dignity, and strictly adhere to the University and the COM's Missions, Values, and Goals as well as all other University TAPs, policies, regulations, agreements, and guidelines. Additionally, it is the responsibility of each employee to actively participate in the COM's educational, research, scholarly activities, and service missions. Specific duties are outlined below.

### **Teaching**

Each faculty member is considered a member of the Duquesne faculty. Within the COM, each academic discipline will ordinarily have a chair, who will lead and work with the faculty in his/her/their discipline to develop, revise, and maintain the curriculum. The chair will work with the administration to determine appropriate distribution of teaching time within the faculty, and will be responsible for the development and maintenance of course syllabi, which must convey information about course goals and expectations, how learning outcomes are connected to content, method of communication with the course instructors, and grading information. Additionally, the chair, along with other senior faculty, will serve as academic, professional, and research mentors for all faculty and provide guidance and assistance with teaching, grantsmanship/scholarship, and professional growth of their colleagues.

The MS1 and MS2 curricula are designed as systems-based, interdisciplinary curricula that promote team learning and clinical application of biomedical science concepts. Teaching faculty will be expected to employ innovative, active learning styles of instruction to promote an adult style of learning by the students, as it is required in the medical profession to adopt independent intellectual curiosity about the human body to promote lifelong learning. Teaching faculty will be expected to work collaboratively in interdisciplinary teams to develop and implement their course material, which is evidence-based, and tied to learning objectives stated in the syllabus, program learning objectives, and the curriculum map. Exam items are to be prepared in the board-style format (e.g., NBOME) to best prepare students for standardized exam success. These items will examine high-yield concepts and will be linked to the learning objectives stated in the course syllabus. MS3 and MS4 curricula will be administered in a distributive model, where students are assigned to a region to complete their clinical rotations. Students will be evaluated by preceptors and administered an end-of-rotation examination. Students will periodically be expected to return to the COM for additional instruction.

Some examples of effectiveness in teaching include:

- Leadership in student, resident, fellow, and/or peer teaching programs
- Distinguished participation in student, resident, fellow, and/or peer teaching programs
- Development of innovative teaching and educational materials and/or programs
- Invited speaker engagements at continuing medical education (CME) programs and grand rounds;
- leadership of CME programs
- Documented mentoring of students, residents, fellows, and/or peers

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Outstanding student and resident teaching citations/awards  
Demonstrated effectiveness as a mentor of students, residents, fellows, and/or peers

## **Student Evaluation of Instruction**

At the conclusion of each course and rotation, an electronic evaluation form will be sent to each student. These student evaluation instruments resemble those utilized by Duquesne, but are modified to specifically evaluate the COM curricula and course content as well as instructor effectiveness. These forms will be completed anonymously, submitted electronically, and the de-identified data will be retrieved by the Office of Medical Education (MS1 and MS2 courses) and the Office of Clinical Education (MS3 and MS4 rotations). The feedback from these evaluations will be provided to course directors, course faculty, and the COM's Curriculum Committee to be used in conjunction with other metrics and outcomes for the continuous quality improvement of the curriculum. The effect of changes made to the curriculum based on the feedback from student evaluations will be assessed to determine the outcome of the change, and periodically, the student evaluation instruments will be assessed for appropriateness of information gathered with respect to curriculum, overall course content, and teaching effectiveness.

## **Recusal from Student Assessment**

Students are encouraged to seek medical care from trusted health professionals who are not actively engaged in their educational program as current or anticipated supervisors or evaluators, and to communicate with health care providers who are involved in their academic assessment or promotion to identify possible academic conflicts.

In the event that a COM faculty member is providing health services, through a physician- patient relationship, to any COM student, such faculty member must recuse himself/herself/themselves from the following activities:

- Decisions related to the academic or clinical assessment of the student
- Decisions related to the advancement or graduation of the student
- COM Committee reviews of the student's academic or professional performance
- All other decisions related to the academic assessment or promotion of the student receiving health services by the faculty member

Faculty members are expected to notify the Office of Medical Education (MS1 and MS2) or the Office of Clinical Affairs (MS3 and MS4) of the need to recuse as soon as the potential conflict is identified, so that a reassignment can be made to facilitate the student's academic assessment and promotion needs.

## **Advisement**

The COM has adopted an open-door policy, where students are encouraged to seek assistance and guidance from any member of the faculty, staff, or administration, in support of their academic success and overall wellness. Specifically, students are encouraged to work with teaching faculty and course directors to receive clarification on curricular content presented in the educational program. Additionally, each student will be assigned a biomedical science faculty advisor who will meet regularly with each of their student advisees to provide insight and additional academic support. During the spring of the second year of the program, students will be assigned a clinical faculty advisor, preferably one who specializes in the area of greatest interest of the student. This clinical faculty advisor will provide guidance to the student regarding success in clinical rotations, interviews and audition rotations, and residency selections, and will assist in the preparation for the residency match process.

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### **Research and Scholarly Activity**

It is expected that each faculty member actively participates in multidisciplinary research and scholarly activity that engages peers within the COM, the University, and the community, advances biomedical and clinical sciences, including OMM/OPP, supports the mission of the COM and the University, and helps to establish Duquesne University as a center of excellence in biomedical, clinical, and educational research.

Examples of effectiveness in research and scholarly activity include:

Participation as a (preferably funded) principal investigator or co-investigator in peer-reviewed, grant-supported research

Meritorious publications in peer-reviewed journals

Participation as a principal investigator or co-investigator in investigator-initiated or cooperative group, clinical, translational, or basic research

Participation in NBOME/NBME item writing and reviewing

Development of innovative teaching and educational curriculum, materials, or programs with significant local, regional, or national impact

Mentoring students, residents, fellows, and junior faculty in scholarly activity

Membership in local and regional scientific review boards

Membership in scientific societies

Leadership role in regional or national meetings and societies

Service as a peer reviewer or editor for clinical and scientific journals

Service as a reviewer for granting agencies (including foundations or the NIH)

### **Professional Service**

Full-time employees are expected to serve on committees of the COM and the University, in support of their Missions. The COM Dean appoints faculty, staff, and students to such committees, with the expectation that the appointed members of each committee will attend all committee meetings unless granted permission to be absent by the Dean. Meetings shall be conducted according to Robert's Rules of Order; quorum is defined as one more than half of the total membership, and decisions will be made by a two-thirds majority vote, unless otherwise noted. The presiding officer(s) of each committee will prepare an agenda for every meeting, which will be distributed to all committee members well in advance of the date of the meeting; attendance and minutes will also be maintained by the secretary of the committee, and all meetings, once approved, will be forwarded to the Office of the Dean and made available to all members of the committee as requested.

Some examples of effectiveness in professional service include:

Editorial board appointments

COM and University committee membership/officer

Professional society service

Study sections

Journal peer reviewer

Leadership in regional/national/international professional medical/education organizations

Community service

Humanitarian activities

Conference organizer

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The COM also has a number of standing committees that exist to facilitate the work of the COM, and these committees include membership from faculty, staff, and students, as appointed by the Dean. These committees include:

Admissions Committee  
Catholic Identity Committee  
Curriculum Committee  
Dean's Council  
Faculty Appointment and Promotion Committee  
Professional and Ethical Conduct Committee (PECC)  
Regional Dean's Council will begin 2025-2026 academic year  
Scholarship Committee  
Senior Leadership Committee  
Student Academic Progress and Promotion (SAPP) Committee  
Additional committees may be added at the discretion of the Dean.

### **Clinical Service**

Faculty with a clinical degree will engage in clinical service to support the education of the students, address issues of social justice and health equity, contribute to the improvement of the health and wellness of our community, and to support the Missions of the COM and the University.

Some examples of effectiveness in clinical service include:

Development of innovative treatments, systems of health care delivery, or clinical programs  
Membership in scholarly clinical societies  
Leadership role in regional or national meetings and clinical societies  
Participation in regional, national, or international professional meetings  
Record of high-quality patient care and establishment of a productive clinical practice in an academic setting  
Establishment of a referral-based clinical practice  
Participation as a board examiner for recognized certification programs  
Participation as a site visitor or consultant for academic and/or research entities  
Demonstrated effectiveness as a clinical mentor

### **Patient Care Supervision**

Student involvement in patient care is permitted when authorized by the COM and the assigned clinical faculty member. Supervision by a physician or authorized medical professional (e.g., PA, APN) who are under the supervision of the faculty physician is required. In certain cases, another health care professional may be an appropriate supervisor (e.g., medication counseling with a pharmacist). The student's supervising faculty/preceptor is the faculty member that is responsible for the patient's care. All supervising health care professionals must operate within their scope of practice while supervising COM students in a clinical setting. The COM's Clinical Division Chiefs assure all core clinical faculty have the appropriate credentialing for student supervision. Students may not perform any medical treatment or procedures without appropriate supervision. Student involvement should be appropriate for their level of training. The faculty member/preceptor should be present for any treatment, procedure, or invasive examination. Students are not to take the place of qualified staff. Students may not write patient care orders independently, and all such orders must be reviewed and approved by the faculty member/preceptor. Students may not accept payment or remuneration for services.

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### **Supervision of Students**

A student on clinical rotations must be supervised in patient care situations. Supervision involves a responsible licensed physician to:

Be physically located in the facility where patient treatment is rendered

Grant authorization of services provided by the student doctor

Examine all patients seen by the student doctor

Supervise procedures when performed by the student doctor

Be physically present during any invasive procedure or examination

Assure another clinical staff is present during any invasive or sexual organ examination

Assure that the documentation in the patient's medical record is appropriate

### **Lines of Communication**

Every faculty and staff member employed at the COM is part of the reporting structure, as outlined in the COM organizational chart. Employees receive communication regarding their roles and responsibilities at the COM via Duquesne University email accounts, departmental meetings, and one-on-one meetings with their supervisors. Employees likewise are expected to communicate with their direct reports and supervisors regularly using these mechanisms. Employee concerns should first be brought to their supervisor (where appropriate) and elevated as needed, both in person and in writing. The yearly performance review, described in Section 4.6 above, provides a formal mechanism for the employee and supervisor to evaluate past performance and set goals for future performance.



## **COMPENSATION AND BENEFITS**

### **Human Resources**

The [Duquesne University Office of Human Resources](#) provides information and resources for all faculty and staff related to employee benefits, wellness programming, learning and development opportunities, and an employee assistance program. Information about employee benefits, including medical, dental, vision, life, and disability insurance plans, the center for pharmacy care, retirement plan, the employee assistance program, tuition benefits, and leaves of absence is available on the [Duquesne University Benefits](#) website.

### **Wellness and Mental Health Resources**

There are a number of resources on campus related to the health and well-being of all members of the University community. The following is not intended to be an exhaustive list, but rather provides a reference for COM faculty:

Employee Assistance Program (EAP): The EAP benefit offers confidential, free solutions to help you and your family members navigate the financial, legal, and mental health, job stress, and other life challenges that affect your well-being.

Power Center Recreation and Fitness Facility: All Duquesne University students, faculty, and staff have access to an 80,000-square-foot [Health and Recreation Facility](#) featuring an array of fitness classes, cardio machines, multiple weightlifting options, an indoor track, and more.

Spiritan Campus Ministry: The Spiritan Campus Ministry seeks to welcome all Duquesne community members, regardless of denomination or faith tradition. The [Spiritan Campus Ministry](#) offers liturgical and worship ministries, faith-sharing programs, and social outreach opportunities.

### **Fatigue Mitigation**

Any employee may initiate a discussion regarding fatigue mitigation by raising a concern with their supervisor. Once a fatigue concern has been reported, the supervisor will discuss the concerns with the employee, and together they will establish a plan for fatigue mitigation.

### **COM Employee Education**

Duquesne University and the COM place a high priority on providing professional development opportunities for faculty and chairs. The COM provides annual faculty and staff educational programming based upon needs assessments, and such programming is tied to the COM's Mission and Strategic Plan. All faculty and staff who use student data in any form are required to take annual FERPA training, as provided by the COM. COM clinical faculty and staff are also required to complete training on bloodborne pathogens and other environmental and infectious hazards as assigned based upon their required duties, to become aware of procedures for preventing, mitigating, and resolving environmental exposures. Faculty and staff may be required to complete Health Insurance Portability and Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) modules assigned by their clinical sites or research labs. Faculty and staff are expected to complete all training modules and educational sessions according to assigned deadlines. Failure to complete assignments according to deadlines will be addressed by the COM administration.

In addition to required training such as FERPA, HIPAA, and OSHA, the University offers a number of professional development programs that aim to serve faculty and staff needs and progress, including:

The Faculty Leadership Advisory Council - helps build community across the University, explores best practices in leadership in higher education, responds to requests for training and materials, and encourages faculty and staff participation in national institutes on academic leadership training opportunities

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The Center for Community-Engaged Teaching and Research - supports community-engaged teaching, learning, and research that promotes knowledge creation, civic development, and community transformation; provides space, resources, and support for events and forums, grants, and fellowships.

The Online Learning and Strategy and Educational Technology Departments - provides a variety of training, resources, and support to assist faculty and administrators in the development of online courses and programs.

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Each employee's performance is reviewed annually. The review takes place in three or four stages, and represents an avenue to discuss and set professional goals, communicate accomplishments, and plan for professional developmental needs. The stages of faculty review include:

1. Self-assessment: Each employee will complete a yearly activity report that summarizes accomplishments and progress on goals set the previous calendar year. Dates of annual performance appraisal should be in keeping with the University's schedule (currently mid-September to late October) in alignment with salary planner and merit increase schedules.
2. Department assessment: The employee's direct supervisor reviews the self- assessment provided by the employee as well as other data including performance of assigned duties, teaching effectiveness, student evaluations, research and scholarly activity, leadership and service activity, and alignment with the Mission, and prepares a written assessment. The completed supervisor assessment is signed by both employee and supervisor.
3. Discussion and goal setting: The supervisor and the employee review the assessment in a one-on-one, face-to-face meeting to discuss the employee's performance, professional developmental needs, and propose new goals for the coming year as well as long-term professional goals. The final report is provided to the Dean, and will be taken into consideration for purposes of contract renewal, promotion, merit raises, and continued employment with the COM.
4. Performance Improvement Plan: If the performance review identifies areas in need of formal improvement, a performance improvement plan may be developed by the supervisor in collaboration with the appropriate Associate Dean.

### **Faculty Voluntary and Involuntary Termination of Employment**

#### **Resignation**

As a professional courtesy and to allow departments adequate time to accommodate resignations, faculty members who do not desire to be reappointed at the expiration of their current terms of appointment should notify their department chair and Dean in writing at least 90 days prior to their contract renewal.

#### **Retirement**

Duquesne University defines "retiree status" as the attainment of age 62 with 10 years of full-time continuous service. Retirees of the University are eligible for a number of benefits and services in [TAP #18](#), including a post-retirement health reimbursement account in [TAP #2](#), tuition remission benefits in [TAP #13](#), and a University retiree identification card.

#### **Non-Reappointment**

Duquesne University may elect not to reappoint a faculty member for reasons other than dismissal. The term non-reappointment differs from dismissal in that it does not represent a disciplinary sanction imposed on the faculty member as an individual.

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### **Disciplinary Actions and Dismissal**

If a faculty member or supervisor has reason to believe that a faculty colleague has violated the terms of the COM Faculty Handbook, the COM, or the University policies and procedures as outlined in [TAP #7](#), that faculty colleague shall immediately notify the Dean and/or the appropriate University office in writing such as the Title IX office, Human Resources, etc. Reports may also be made anonymously through the University [Ethics Point](#) reporting system. Any investigation or discipline shall be in accordance with the University TAPs, policies, regulations, agreements, and guidelines. Terms for faculty dismissal are found in the Contract/Offer of Employment Letter from the Dean. Termination of employment for non-faculty employees can be found in [TAP #10](#).

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**DUE PROCESS**

If it is determined that an employee is not performing in accordance with the standards set forth in their job description, there are four levels of corrective action that may be applied: verbal warning, written warning, suspension, and dismissal. If an employee performance deficiency is noted, the supervisor will engage the employee in an initial verbal discussion to identify whether the deficiency is due to a skill deficiency, a communication issue, or a performance issue, as it is imperative that the supervisor conduct a thorough investigation before implementing any corrective action. During this meeting, a list and timeline of required improvements will be developed and agreed upon in the form of an employee improvement plan; this plan will be provided to the COM Dean, DU Human Resources as appropriate, and be included in the employee's departmental file. If the employee fails to make the necessary improvements in the given timeframe as outlined in the plan, the employee will be notified in writing that the employee will be awarded an additional time period, typically 30 calendar days, to remediate all portions of the employee improvement plan in order to continue employment with the COM. This written notification must include the following information:

- Whether circumstances make attendance at work dangerous to the employee or others.
- When time for an investigation is needed.
- When circumstances seriously impair the employee's effectiveness on the job.
- When prior warnings have not had the desired impact to correct the negative behavior.

This written notification will be signed by both the employee and the supervisor, to document that the discussion occurred and verify understanding of the terms of the notification, and will be included in the employee's annual evaluation. The employee will then generally have 30 calendar days to make the necessary improvements as outlined in the employee improvement plan. Failure to complete all improvements in the plan will result in termination. Partial compliance with the improvement plan may result in the employee being placed on probation or suspension, with a plan for further review and remediation of the outlined deficiencies; other corrective actions may also be implemented such as demotion, salary reduction, reassignment to another position, etc. Of note, any employee who performs their duties to such a poor level that it places fellow employees or the institution at risk may be terminated immediately without prior notice.