

## AHEC-AFFILIATED RESIDENCY PROGRAM FACULTY (CONSORTIUM)

### APPOINTMENT, REAPPOINTMENT, AND PROMOTION CRITERIA AND PROCEDURES FOR VOLUNTEER FACULTY

#### **Preamble**

The MUSC College of Medicine recognizes the need for Volunteer faculty members (not salaried by the MUSC College of Medicine or affiliated institutions) to participate in its educational, research, and service programs. The following procedures provide a structure for the appointment, reappointment, and promotion of these Volunteer faculty in the MUSC College of Medicine.

**Volunteer AHEC Faculty:** The MUSC AHEC Volunteer faculty designation is an appointment that recognizes the contributions of professionals in communities in South Carolina who volunteer to teach health professions students and/or residents. (A faculty appointment is not required to teach MUSC students or residents. Course directors are required to have a faculty appointment if they grade students and/or residents.)

**Appointment and Promotion Procedure Eligibility:** All health care professionals who volunteer to teach MUSC health professions students and/or residents training at South Carolina AHEC-affiliated residencies may be considered for faculty appointments as MUSC AHEC Volunteer faculty.

**Appointments:** Processing of applications for faculty appointments has been contractually assigned to **VERGE Solutions**. For further information, go to the APT website: <http://www.musc.edu/com/faculty/apt.htm>. Faculty proposed for appointment on the AHEC Track system will be submitted to and reviewed by the AHEC Executive Director. If the application is complete and the requested rank is consistent with the criteria, the AHEC Executive Director has the authority to approve the appointment. If there are any questions, the Executive Director will request that the AHEC Promotions (AHEC AP) Committee meet to consider the application. Appointments approved by the AHEC AP Committee are sent to the Dean of the MUSC College of Medicine for final action.

**AHEC AP Committee:** This committee will include a member of the faculty from each AHEC-affiliated family medicine residency program (excluding the residency program director). The AHEC Executive Director will serve as an ex officio member of the committee. Membership on the AHEC AP Committee will be a rolling four-year appointment where two individuals will rotate off annually. Everyone is eligible to remain for another four-year term.

#### **Criteria for Appointment**

**MUSC AHEC Clinical Assistant Professor:** a practitioner who has served as a Volunteer faculty member for at least two years. This individual will have served as a teacher for health professions student(s) and/or residents for at least 100 hours during the preceding two years.

**AHEC Clinical Associate Professor:** a practitioner who has served as Volunteer faculty member for at least six years. This individual will have served as a teacher for health professions student(s) and/or residents for at least 100 hours during the preceding two years.

**AHEC Clinical Professor:** a practitioner who has served as Volunteer faculty member for at least nine years. This individual will have served as a teacher health professions student(s) and/or residents for at least 100 hours during the preceding two years.

#### **Titles for Volunteer Faculty**

Volunteer, non-salaried faculty with appointments in the MUSC College of Medicine are designated with the title MUSC AHEC Clinical \_\_\_\_\_ Professor (AHEC site/specialty) (e.g., MUSC AHEC Clinical Associate Professor (Florence/Pediatrics) as their official title.

### **Promotion Criteria**

Evidence of effective performance is required for advancement through the Volunteer faculty ranks. Members of the AP Committee will be guided by the following criteria when making their recommendations:

#### **Assistant Professor to Associate Professor**

Promotion from the rank of Clinical Assistant Professor to the rank of Clinical Associate Professor may be requested once an individual has demonstrated a consistent, keen interest and aptitude as a teacher and clinician. The request for promotion to Clinical Associate Professor should be contained in a letter submitted by the Program Director in the region where the clinician is practicing or teaching. Quotes from prior learners may be included in the Program Director's letter, or separate letter(s) from prior learners may be submitted. .

#### **Clinical Associate Professor to Clinical Professor**

Promotion from the rank of Clinical Associate Professor to the rank of Clinical Professor may be requested once an individual has demonstrated a consistent, keen interest and aptitude as a teacher and clinician. The request for promotion to Clinical Professor should be contained in a letter submitted by the Program Director in the region where the clinician is practicing or teaching. Quotes from prior learners may be included in the Program Director's letter, or separate letter(s) from prior learners may be submitted.

### **Provision for Extended Absences**

If someone is required to take a leave of absence due to military service, illness, family leave, etc., upon their return they would return to their prior appointment and be eligible for promotion based on the criteria contained in this document.

### **Procedure for Appointment and Promotion of AHEC Volunteer Faculty:**

The following information should be submitted to the Executive Director of the South Carolina AHEC:

1. A letter of recommendation from the Program Director at the AHEC residency program to the Executive Director of the South Carolina AHEC to include: name, degree, recommended Volunteer faculty rank, effective date of appointment, and qualifications of the candidate. When a recommendation for promotion is submitted, the letter should also include, or be accompanied by, letter(s) by learners describing the Volunteer faculty member's abilities that would support advancement to the next faculty rank. The Program Director's letter should also provide information about the number of students and/or residents for whom the volunteer faculty member has served as a preceptor during each of the years since their most recent faculty appointment or promotion.
2. An abbreviated one-page curriculum vitae (Appendix 1).
3. An up-to-date curriculum vitae utilizing the College of Medicine Standard Format (Appendix 2).
4. Signed candidate's personal statement (Appendix 3).
5. VERGE transcript release form (Appendix 4).

## **Appeal Provision**

1. If the Program Director chooses to appeal a decision made by the AHEC Executive Director, the AHEC AP Committee or by the Dean of the College of Medicine at MUSC, the following steps should be taken: If the appeal is made to the AHEC AP Committee, a letter of appeal would be sent to the Executive Director of the South Carolina AHEC. The Executive Director, in turn, would schedule a special meeting of the AHEC AP Committee to consider the appeal. The Program Director presenting the appeal would be invited to participate in this meeting. Such a meeting would occur in person or by other means of communication. After hearing the appeal, the AP Committee would render its opinion and so inform the Program Director. If the Program Director was not satisfied with the response to the appeal, he/she can present a letter and request an appointment for an appeal with the Dean of the College of Medicine.

If the Program Director seeks to appeal a decision made by the Dean of the College of Medicine, the Program Director would submit a letter of appeal to the Dean and request a time to meet with the Dean to discuss the reasons for the appeal. Such a meeting could occur in person or by other means of communication.

Medical University of South Carolina  
 College of Medicine  
 ABBREVIATED CURRICULUM VITAE

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

Name: \_\_\_\_\_  
Last First Middle

Citizenship and/or Visa Status: \_\_\_\_\_

Office Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Education: (*Baccalaureate and above*)**

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Graduate Medical Training: (*Chronological*)**

<u>Place</u>	<u>Dates</u>
Internship _____	_____
_____	_____

<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral: _____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Board Certification: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

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

**Faculty appointments: (*Begin with initial appointment*)**

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

First Appointment to MUSC: Rank \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 2

An up-to-date curriculum vitae utilizing the College of Medicine standard format. Include only published or in-press citations. Conform exactly to the College of Medicine format; departures from this format may result in delayed or postponed consideration of the appointment/promotion.

### CURRICULUM VITAE FORMAT

Name: Birth Date: (Optional)

Home Address: Phone:

Office Address: Phone: Fax:

Citizenship and/or Visa Information:

Education (Beginning with Baccalaureate Degree):

Institution/Location Years Degree/Date Field of Study

Internship: (Place) (Dates)

Residencies or Post Doctoral: (Place) (Dates)

Specialty/Board Certification:

Date:

Licensure:

Date:

Military Service:

Faculty Appointments (Begin with initial appointment):

Years Rank Institution Department

Administrative Appointments:

Years Position Institution Department

Hospital Appointments/Privileges:

Years Active/Inactive Institution

Other Experience:

Years Position Institution Department

Membership in professional/scientific societies (include offices held):

National Societies

Local Societies

Editorial Positions:

Extramural Grants/award amount (current and past):

As Principal Investigator (% time)

As Co-Investigator (% time)

Intramural Grants/amount of award:

Awards, Honors, Membership in Honorary Societies:

Academic Committee Activities (past 5 years):

University

College

Department

Division

Major Teaching Interests and Responsibilities (Current):

Undergraduate Medical Education

Graduate Medical Education

Graduate Studies Education

Continuing Medical Education

## CURRICULUM VITAE FORMAT (Continued)

### Mentoring Activities

### Major Clinical Interests and Responsibilities:

### Major Research Activities and Responsibilities:

**Lectures and Presentations** during the last 3 years – Identify the name and location of the meeting/conference. List presentations under the following headings:

Invited lectures and presentations

Submitted presentations (e.g., abstract or paper presentations)

### Extramural Professional Activities:

### Faculty Development:

### Community Service:

**NOTE:** Please use the following symbols to identify names of  
Medical students\*  
Graduate students#  
Residents+  
who appear as co-authors on publications.

**Publications:** Number and list in chronological order publications under the following headings in the order shown.

Peer Reviewed Journal Articles: Published or accepted for publication in final form

Non- Peer Reviewed: Published non-peer reviewed journal articles

Scholarly Books and Monographs:

Chapters in Scholarly Books and Monographs

Peer Reviewed Electronic Publications:

Non-Peer Reviewed Electronic Publications:

Other Publications: (e.g., newspapers and magazines)

### Products or Patents:

Revised 1/2013

### **Appendix 3**

#### **Signed candidate's personal statement**

Please briefly describe what motivates you to serve as a volunteer teacher and seek an appointment to the MUSC/AHEC Clinical Faculty.

**The contents of this packet represent a true and accurate statement of my activities and accomplishments.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Appendix 4**

**FACULTY APPOINTMENT FOR MUSC**

**(Please Fax to 1-888-455-1101)**

**PLEDGE**

I pledge to abide by the MUSC code of Conduct and the Rules and Regulations set forth for members of the Faculty as indicated in the institution's Faculty Handbook.

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, having filed an application for appointment to the Faculty of the Medical University of South Carolina (MUSC) hereby submit authorization and release to have an investigation made as to my qualifications for staff appointment. I agree to give any other requested information that may be required in reference to my past record. I understand and acknowledge that this investigation may be conducted in full or in part by Verge Solutions, Inc. and hereby authorize Verge Solutions, Inc or other agents of MUSC to receive and process information on behalf of MUSC.

I hereby authorize and request any individual, institution, organization, agency or entity, having control of any documents, records or other information pertaining to me, relevant to my professional qualifications, competency, character, mental or emotional stability, physical condition, ethics or any other matter that might directly or indirectly have an effect on my ability to perform as a faculty member, to furnish the originals or copies of such documents, records or other information to the MUSC or its authorized representatives, to inspect and/ or make copies of such documents, records and other information. I hereby authorize all such persons as set out above to answer any inquiries or questions concerning the undersigned which may be submitted to them by the MUSC or its authorized representatives and to give full and complete information concerning the undersigned, including any information furnished by the undersigned.

I hereby release, discharge and exonerate the MUSC, its agents and representatives, the Faculty of MUSC, its agents and representatives and any person furnishing information, and Verge Solutions LLC., from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other such information, of the investigation made by the Medical University of South Carolina.

I hereby release and exonerate any individual, institution, organization, agency or entity which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in any wise pertinent to the furnishing or inspection of such documents, records or other information or the investigation made by the MUSC. The undersigned further waives absolutely any privileges he/ she may have relevant to his/ her fitness to perform the responsibilities of a faculty member of the MUSC.

I have read the foregoing application for appointment to the Faculty and have answered all questions fully and frankly. The answers are complete and true to my own knowledge.

***A PHOTOCOPY OF THIS AUTHORIZATION SHALL HAVE THE SAME EFFECT AS THE ORIGINAL.***

\_\_\_\_\_  
(Applicant signature here)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**Please Print Full Name**