

College of Osteopathic Medicine 2016 - 2017 Administrative Policy Manual

Revised March 23, 2017



TOURO UNIVERSITY
CALIFORNIA



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C A L I F O R N I A

VOLUME 1: ACADEMIC STANDARDS	4
1.1: INTERNET SERVICES AND USER-GENERATED CONTENT POLICY	4
VOLUME 2: COURSE MANAGEMENT	16
2.1: POSTING AND REVIEW OF GRADES FOR YEARS 1 AND 2	16
2.2: POSTING OF COURSE MATERIALS ON BLACKBOARD™	18
2.3: STANDARDIZED DISPLAY OF GRADES IN BLACKBOARD™	19
2.4: USE OF REFERENCES DURING IN-CLASS QUIZZES	21
2.5: USE OF NON-SCHEDULED QUIZZES FOR COURSE CREDIT	22
2.6: SCHEDULING CLASSES/CHANGING OF SCHEDULED CLASSES	23
2.7: AUDITING CLASSES AND UNREGISTERED ATTENDANCE TO CLASSES....	24
2.8: GRADING CRITERIA CHANGES IN SYLLABI.....	26
2.9: SCHEDULING STUDENT GROUPS FOR CONTENT REVIEW, TUTORING OR ADVISORY HOURS	28
2.10: AUTOMATED RECORDING OF EDUCATIONAL EVENTS.....	29
2.11 COMPUTERIZED EXAMS	32
2.12: EARLY ACADEMIC READINESS AND ASSIGNMENTS POLICY	33
2.13: EXAM PROCTORING POLICY	35
2.14: EXAM ITEM SCORING POLICY	36
2.15: POST EXAMINATION REVIEW AND CHALLENGES	38
2.16: ACCESS TO THE GROSS ANATOMY LAB.....	39
VOLUME 3: CLINICAL ROTATIONS	41
3.1: CREDENTIALING AND APPROVAL OF FACULTY; AFFILIATION AGREEMENTS AND APPOINTMENT PROCESS FOR THE FACILITATION OF CLINICAL ROTATIONS	41
3.2: RECEIPT OF PRECEPTOR EVALUATIONS, RESPONSIBILITY AND GRADE REPORTING	47
3.3: REQUIREMENT FOR EXECUTION AND MAINTENANCE OF AFFILIATION AGREEMENTS WITH CORE CLINICAL ROTATION SITES.....	49
3.4: APPROVAL OF ELECTIVE ROTATIONS AND CHANGE OF ROTATIONS	51
3.5: EVALUATION OF CLINICAL AFFILIATE SITES FOR EDUCATIONAL RESOURCE ADEQUACY.....	53



TOURO UNIVERSITY

C A L I F O R N I A

3.6: GUIDELINES FOR INTERNATIONAL ROTATIONS.....	54
3.7: DOCUMENTATION OF COMPLIANCE WITH IMMUNIZATION REQUIREMENTS.....	57
VOLUME 4: GRADUATION	59
4.1: APPROVAL OF STUDENTS FOR GRADUATION	59
4.2: PARTICIPATION IN GRADUATION CEREMONIES.....	60
VOLUME 5: RESEARCH.....	61
5.1 SUPPORT OF STUDENTS TO ATTEND RESEARCH MEETINGS.....	61
5.2: INTERNAL DEADLINES FOR GRANT APPLICATIONS/PROPOSALS	63
5.3: RESEARCH SPACE AND RESOURCES ALLOCATION AT TUCOM.....	65
VOLUME 6: DUAL DEGREE PROGRAMS.....	69
6.1: ACADEMIC STANDARDS FOR DO/MPH STUDENTS.....	69
VOLUME 7: FACULTY	71
7.1: FACULTY DEVELOPMENT PERFORMANCE EVALUATION PROCESS.....	71
7.2: PERFORMANCE EVALUATION PROCESS FOR ADJUNCT FACULTY DEVELOPMENT AT AFFILIATE SITES.....	72
7.3: FACULTY DEVELOPMENT FOR AFFILIATE SITES AND ADJUNCT FACULTY	73
7.4: ADJUNCT FACULTY APPOINTMENTS.....	75
7.5: LENGTH OF FACULTY CONTRACTS, INITIAL AND RENEWED.....	78
7.6: PARTICIPATION IN FACULTY DEVELOPMENT AND ASSOCIATED RESPONSIBILITIES AND OBLIGATIONS.....	80
7.7: FACULTY BENEFITS.....	82
7.8 FACULTY TRACKS AND DEFINITIONS.....	84
7.9: ANNUAL REPORTS	88
7.10: VISA POLICIES FOR RESEARCH PERSONNEL AT TUCOM.....	89
7.11: COMMITTEE FORMATION.....	91
7.12: BOARD CERTIFICATION.....	97
7.13: ADJUNCT FACULTY EVALUATION.....	99
VOLUME 8: COMMUNITY OUTREACH.....	101



TOURO UNIVERSITY

C A L I F O R N I A

8.1: SERVING IN EXTRACURRICULAR ACTIVITIES.....	101
8.2: PARTICIPATION BY STUDENTS IN EXTRACURRICULAR HEALTH-RELATED ACTIVITIES - GUIDELINES AND APPROVAL PROCESS	103
VOLUME 9: CLINICAL PRACTICE.....	105
9.1: COVERAGE OF FACULTY FOR MEDICAL LIABILITY.....	105
9.2 COVERAGE OF PRECLINICAL STUDENTS FOR MEDICAL LIABILITY.....	107



TOURO UNIVERSITY

C A L I F O R N I A

VOLUME 1: ACADEMIC STANDARDS

1.1: INTERNET SERVICES AND USER-GENERATED CONTENT POLICY

POLICY 1.1

Volume 1, Academic Standards

Chapter 1, Internet Services and User-Generated Content Policy

Responsible Executive: Dean or Designee

Approved: February 12, 2014

REASON FOR POLICY:

Touro recognizes that emerging Internet-based services offer both potential organizational opportunity and risk and, as such, requires use of these services in ways that improve the commitment to our community of students, faculty and staff. These Internet services encompass a broad spectrum of online activity. For the purposes of this document, "Internet-based services" is defined as those that allow for user-generated content. These would include, but not be limited to: "wikis," "blogs" (for which you write entries or comments); "live"-blogging tools such as "Twitter"; social networks such as "Facebook" and "MySpace"; professional networks such as "LinkedIn"; streaming media such as "YouTube"; discussion forums such as "listservs"; instant messaging; and social bookmarking tools such as "Digg." Internet-based services extend to services that are not owned, operated, or controlled by Touro, as well as those that we do control, such as our websites and our Web portal and any networking sites paid to host a presence on Touro's behalf.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Course Coordinators
- Faculty
- Students

POLICY STATEMENT: As an educational institution, we recognize that these Internet-based services can support your academic and professional endeavors but we are also aware that if not used properly they can be damaging. Both in professional and institutional roles, students, faculty and staff should follow the same behavioral



standards online as they should offline, and, are responsible for anything they post to a social media site regardless of whether the site is private (such as a portal open to only the Touro community) or public site. The same laws, professional expectations, and guidelines for interacting with students, parents, alumni, donors, media and other college agents apply online as apply offline. Recognizing the benefits and risks associated with using these services, we have developed a policy to provide guidance to students, faculty and staff of Touro. This policy does not replace other policies or guidelines of Touro; it is in addition to specific policies such as the Information Security Policy, Code of Conduct, or the Acceptable Use Policy and similar policies. This Policy will be reviewed periodically and will be updated, as necessary. You are responsible for keeping current on any changes to this or any other Touro policy and acting accordingly.

SECTION I: POLICIES FOR ALL INTERNET-BASED SERVICES, INCLUDING SOCIAL MEDIA SITES

1. Protect restricted, confidential and proprietary information: You may not post restricted, confidential, or proprietary information about Touro, students, faculty, staff or alumni to any site.

Faculty and staff are required to follow the requirements of the Family Education Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology Economic and Clinical Health Recovery (HITECH) Act, and to adhere to all Touro policies associated with privacy and confidentiality.

2. Respect copyright and fair use: Touro will always endeavor to respect the copyright and intellectual property rights of others and of the Institution. For guidance on these policies and questions on permissible use or copyrighted material please contact your local Library group at Touro.

3. Touro logos may not be used for endorsements: You may not use “Touro College,” “Touro University” or any other Touro logo or iconography on personal social media sites unless permission is granted by the Touro “Legal Department” and the posting is made in conformity with Touro logo usage policy which is incorporated here by reference. You may not use Touro’s name or any Touro logo to promote a product, cause or political party or candidate.

IMPORTANT DISCLAIMER

This policy does not form a contract. Touro College and University System reserves the right to amend, modify, supplement or revoke this policy, in whole or in part, at any time with or without notice in its sole discretion. This policy is neither written nor meant to confer any rights or



TOURO UNIVERSITY

C A L I F O R N I A

privileges on an individual or entity or impose any obligations on Touro College and University System other than its obligations under the law. As with all Touro College and University System policies, this policy is written for informational purposes only, may contain errors and may not be applicable to every situation or circumstance. Any dispute, claim or controversy arising out of or related to this policy, which is not resolved through Touro College and University System internal procedures (hereinafter, "Disputes"), shall be resolved exclusively through final and binding expedited arbitration conducted solely by the American Arbitration Association ("AAA"), or any successor in interest, in accordance with the AAA Rules then in effect. The location of the arbitration shall be Touro University's main campus.

4. Respect property: Touro computers and use of Touro IT resources are reserved for Touro-related business as approved by supervisors and in accordance with the Acceptable Use Policy and similar policies, incorporated herein by reference.

5. Monitoring: Know that Touro can track Internet usage, as well as review the content of the usage. This review may be used to determine the efficacy and legality of usage by Touro employees. We are particularly concerned with anything that may compromise network security or restricted or confidential information, such as student records.

6. Terms of service: Adhere to the Terms of Service of any and all social media and Internet services used. Remember that any services hosted and contracted for on Touro's behalf are required to abide by Touro policies and practices, as well.

7. Consequences for infractions: If you work for or represent Touro, we trust you to be responsible with your work time. Please note that violations of this policy, like any other Touro Policy, are governed by the Touro Code of Conduct Policy or other applicable policies. Any disregard of Touro policies that are impacted in any way by this policy shall be considered violations and may be grounds for discipline, including termination of employment or dismissal from an academic program.

SECTION II: PRACTICES FOR ALL INTERNET-BASED SERVICES INCLUDING SOCIAL MEDIA

1. Posting, interacting and managing online services on behalf of Touro:

a. Our most valuable commodities are the Touro name and reputation. Only designated people directly representing Touro are authorized to post and interact online on behalf of Touro, to reduce risk and ensure our message is consistent and that we're not duplicating effort or information. Touro retains ownership of any online content posted on its behalf, thus it is always important to obtain permission to speak or write on behalf of Touro; when in doubt ask your supervisor, Program Director, Communications Director or respective administrative or academic authorities.

b. Regardless of whether you are managing a presence (e.g., portal page, Facebook, etc.) on Touro's behalf or have contracted this service out on Touro's behalf, you are required to adhere to all of Touro's policies and practices.



When managing the site, consider the following:

- i. Have a plan. Departments should consider their messages, audiences, and goals, as well as a strategy for keeping information on social media sites accurate and up to date.
 - ii. Departments that have or wish to have a social media presence should contact their local communications director or Web Services to discuss logistics and planning, and provide the proposed written plan to the Office of the Chief Information Security Officer (CISO), or respective administrator, who will have final review to ensure that all required parties have reviewed the site and approved program content. All department sites should designate a point of contact that is responsible for content and ensuring compliance with Touro policies. Administering a social media site on behalf of any Touro program requires the Dean, or his/her designee of the relevant program to make the commitment to managing the “presence” (for example, on Facebook, this means that if the Dean chooses to create a “page,” the “page” must routinely be reviewed and any issues arising from posting addressed on a regular basis); and, requires the program to submit appropriate documentation that contains the site name of where the posting will appear (e.g., Facebook, LinkedIn, etc.), the name of the Dean and the person charged with managing the site for the program
 - iii. For any newsworthy photos, permission to post may not be required. Absent newsworthiness, any photos or videos posted require a signed permission form (it.touro.edu/pdf/forms/mediarelease.pdf) or similar form to be on file as per Touro policy. Each Program must maintain all appropriate authorization forms that allow media to be posted, if used on any site that they manage.
 - iv. **Include Disclaimers:** Disclaimers with Touro legal-approved language must be prominently displayed on any Web page not maintained by Touro’s Web Services group or contracted out on Touro’s behalf. The disclaimer may be modified from time to time
 - v. **Removal of post:** Posted material that is not in line with Touro policies, Touro published program content or is in disregard of Touro’s code of conduct or mission should not be posted and is subject to a request for removal and approval of the site can be withdrawn.
- c. If you are authorized to go on line on behalf of Touro, at any and all times:
- i. **Identify yourself:** Disclose your name and your affiliation with Touro and include contact information when possible, unless it is clear you are acting on behalf of Touro as an overall institution or as the “Touro” entity itself. In



- such cases, provide contact information for your institution (primary office phone number and Web address, at a minimum).
- ii. **Never post restricted, confidential or proprietary information:** Refer to Touro's Information Security Policy and ask your supervisor, Program Director and/or Communications Director and the Chief Information Security Officer (CISO) or designated administrator if you are not sure what is restricted, confidential or proprietary.
 - iii. **Attribute what you post:** When providing information that can be sourced, provide appropriate attribution and permissions, letting others know where you obtained your information. Be especially mindful of copyright, trademark and other intellectual property rights.
 - iv. To foster the smooth administration of the public relations function and ensure that Touro is in compliance with copyright laws, all members of the Touro community, when circulating or posting media coverage of or about Touro or its community members, must **utilize an electronic link to the coverage**. By 'link' we mean a link to a news article on a media outlet's website that opens up to the coverage when one clicks on it.

If such a link is not available and you still desire to post the item, then you must receive express written permission from the media outlet to post or circulate the coverage in another manner. (In other words, if you see a story published in the hard copy of a newspaper, and you would like to circulate or post it, check to see if it is available online and copy the link from your browser to circulate it. If a link is not available, you must obtain written permission to distribute the story internally or externally. **You may not circulate or post PDFs, or copy a story into another document or Web page and circulate it or post it on a Touro website without written permission from the media outlet.**)

Note that compliance applies to media coverage authored by non-Touro community members. For op-eds, columns, and other editorial copy including advertising and 'advertorials' authored or co-authored by Touro community members, other rules may apply. Please call the Office of Communications, the Office of the General Counsel for questions on these issues or other permissions questions.

- v. **Be helpful and professional:** Understand that your supervisor and others may monitor your online activity to be sure it doesn't interfere with other duties or reflect poorly on Touro or anything we do. You must respect Touro Policies on Information Technology, Information Security and Acceptable Use



or other applicable policies, in addition to your Staff and Faculty Administration Handbooks.

- vi. If a staff member is offered **payment to produce a blog for a third party this could constitute a conflict of interest** and must be discussed with employee's immediate supervisor and manager and program director, as well as Human Resources or the appropriate designated administrator where appropriate.

d. If any staff member is contacted by the media about posts on their blog that relate to Touro they should **speak to their immediate supervisor and manager before responding and also prior to responding contact and consult with** the Director of Communications or the appropriate designated administrator.

e. **Control of Content**

Touro reserves the right to control and remove any content issued on its behalf, whether the employee/agent had authorization to post on Touro's behalf, or not. Touro will work with you to remove content in a way that respects your privacy whenever possible.

SECTION III: PERSONAL SOCIAL MEDIA

Touro understands and respects that most of us participate in a variety of online activities as individuals. Sometimes these efforts are good for professional development and in that way are assets to Touro. Sometimes, however, individual actions online are purely for the sake of connecting with family or friends, entertainment or distraction. These uses are not beneficial to Touro, but sometimes the lines between these types of interaction blur.

1. Examples of **good personal social media** that are an asset to Touro:
 - a) Suggesting someone contact another Touro employee or program for more information on a relevant topic.
 - b) Illustrating connections between Touro and partner organizations (provided the partner organization approves of such publicizing) and directing others to contact information for either/both.
 - c) Connecting with others in the education community, using your real identity, on LinkedIn, Twitter, Facebook, our own Web portal or other social networks.
2. Examples of unacceptable **personal social media**:
 - a) Speaking on behalf of Touro when not specifically authorized to do so.
 - b) Revealing restricted or confidential information about Touro.



- c) Trying to “friend” students, clients, or others on social networks who may not be interested in communicating online (e.g., students may prefer not to communicate with their teachers). Using your real or a fake identity to engage in any illegal or unethical activity, including but not limited to file sharing, harassing, stalking, defamation, plagiarism, etc.

3. **During work hours:**

- a) Generally, personal use of social media during work hours should be limited so as not to interfere with work tasks and functions. Think of using time at work for social media as you would use time at work for personal phone calls or emails.
- b) Staff members are not allowed to update their personal blog from a Touro computer at work if it interferes with their job responsibilities.

4. **Furthering Touro’s mission or work:**

Unless you are authorized to speak on behalf of Touro, be careful how you participate online in areas relating to Touro’s mission and services. Ask before you post anything that may be construed as the official view or statement of Touro. See Section II.1 for requirements for posting on behalf of Touro.

5. **Ancillary to Touro’s mission or work (individual professional development):**

Employees are encouraged to participate in social networks for professional development. Ask your colleagues for suggestions on who to follow or what blogs to read to keep up on industry topics and people of interest. Remember to:

- a) Use your real identity and say how you are affiliated with Touro, unless you choose not to for personal or client safety reasons. In such cases, create an alternate Touro identity, approved by your supervisor, so others know you are affiliated with Touro.
- b) Indicate that you are writing on your own behalf, not Touro’s. Write in the first person.

6. **As a Touro employee/agent:**

- a) Any time you can be identified as a Touro employee or agent, you should disclose your connection to Touro and indicate you are writing on your own behalf, not Touro’s. If your employer is listed as Touro in your Facebook profile, realize that what you post there may reflect on Touro as an organization. The same applies to your LinkedIn profile or anywhere that your Touro affiliation is indicated.



- b) Remember we live and work in relatively small (online and offline) communities. Even if you are not directly self-identified as a Touro employee/agent, people may know you work or volunteer for Touro. Anything you say or do online under your real name can reflect on Touro. Please be mindful of this fact and act responsibly during all of your online activity.
- c) Use your personal email address and other contact information for non-Touro correspondence and participation.

7. Posting anonymously or with a pseudonym:

Posting under a fake name or identity is discouraged, unless you believe it to be necessary for privacy or security reasons. Instead, try adjusting your privacy settings on social network sites to limit visibility. If you do create a pseudonym, it is good practice to keep it consistent across networks/platforms, so you can be accountable for that activity. As noted above, creating or using a fake identity for the purpose of illegal or unethical activity is explicitly prohibited at Touro and is in violation of the Touro Information Security Policy.

8. Identifiable as a Touro employee/agent:

- a) Touro is not interested in monitoring or censoring what you do on your own time. But it's important to remember that some online actions can affect your employment or service with Touro even if they are done on your own time and equipment.
- b) **If you mention Touro, disclaimers** should be visible on all blogs, something like "these are my personal views and not those of Touro."
- c) Staff members are free to talk about non-confidential Touro programs and content on their blogs, but if there is any doubt, staff members should **consult their immediate supervisors and managers for clarification** of what may and may not be posted. Supervisors and managers should coordinate through the Office of the Dean or their Office of Communications if there is any question whether the content is an appropriate representation of Touro.
- d) **Personal blogs and websites** should not reveal confidential information about Touro. If in doubt about what might be confidential, staff members should consult their immediate supervisors and managers for clarification.
- e) Personal blogs and websites should not be used to attack or abuse colleagues. Staff members should respect the privacy and the feelings of others. Remember also that if you break the law on a blog (for example, by posting something defamatory), you will be personally responsible.



- f) If a staff member thinks something on their blog or website gives rise to concerns about a conflict of interest, and in particular concerns impartiality or confidentiality, this must be discussed with their immediate supervisor and manager. An Incident Report Form must be filed.

9. Anonymous or with a pseudonym:

If you post anonymously or use a pseudonym that does not connect you to your real identity or affiliation with Touro, remember that you are still responsible for abiding by Touro policies associated with your online activity and you should always be respectful of Touro and its clients, vendors, partners and competitors.

SECTION IV: EMPLOYEE DISCIPLINE

Any disregard of Touro policies that are impacted in any way by this policy shall be considered violations and may be grounds for discipline, including termination of employment. Violations of this policy like any other Touro Policy are governed by the Touro Code of Conduct Policy or other similar policies.



User Generated Internet Content Registration Form

1. The requestor\undersigned agrees to register a plan that has been approved by the program Dean, CISO or designated administrator, that includes the following:
 - The name of the site where the information is posted (e.g., Facebook, MySpace, etc.):
 - The name of the page:
 - The name of the school/program:
 - The name of the administrator of the page:
 - The name of the Dean responsible for the school/program & page:
2. The requestor must specify the purpose, frequency of updates and type of page:
 - Purpose (brief description):
 - Frequency of updates (daily, weekly, monthly, on demand):
 - Is the page interactive (can users post to it)?
 - Name and contact information (including phone number) of the person designated as monitor of the content:
3. The requestor\undersigned understands that they bear full responsibility for creating and maintaining the presence/page and any actions arising out of use of the site as if it were their own and any malicious action(s), illegal action(s), Touro Code of Conduct policy violations or other Touro policy violations will and can be traced back to the owner of the site (the undersigned).
4. The Program Dean and the requestor understand that they will not post or display in any manner any restricted or confidential information on the service\site. All "official" Touro program documents are only maintained on the Touro.edu or respective website and must be referred ("linked") to, as appropriate.
5. The requestor\undersigned understands that they must report any data breaches to the CISO, or respective authority using the Incident or other pre-approved Form on the Touro website immediately as not to delay any reporting or follow up responsibilities.



TOURO UNIVERSITY

CALIFORNIA

6. The requestor\undersigned recognizes that they are responsible for making sure that any photos that they post have appropriate permission.
7. The requestor agrees to respond to any reviews carried out to verify the continued need for the site and must inform their Dean formally while copying the CISO, or the appropriate respective authority of any sites that are no longer required.

To protect Touro, we require a disclaimer to be posted as defined in the policy and a copy of the site with disclaimer be filed with this form with the CISO, or the appropriate respective authority.

The requestor\undersigned assumes responsibility for execution of the plan and understands and agrees to the Internet Services Policy terms and conditions as defined.

Program Name: _____	Location: _____
Print Name: _____	Date: _____
Signature: _____	Employee ID: _____
Program Dean: _____	Program Dean's Signature/Employee ID: _____

Disclaimer: Owner and Touro make no warranties, either expressed or implied; concerning the accuracy, completeness, reliability, or suitability of the information contained on this website or any other website to which this site is linked (hypertext links on this website allow you to leave this website and enter websites not under the control of Touro or Owner), and expressly disclaim liability for errors and omissions in the contents of this website, links, or linked websites. Your use and/or viewing of this website is acceptance of the terms of this Disclaimer.



Unsolicited Ideas and Concepts and Claims Resulting from Use of this Website:

Any information provided to Owner in connection with this website shall be provided on a nonconfidential basis. User shall not submit licensed material or material owned by another; Owner shall be free to use the information on an unrestricted basis and such information will become the exclusive property of Owner to be used by it as it deems appropriate without compensation of any kind to any other party.

Indemnification and Venue of Disputes:

As a condition of use of this website, you agree to indemnify Owner and Touro from any and all liabilities from your use of this website. By accessing and/or using this website, the Internet user agrees that any dispute, claim or controversy arising out of or related to this website or its contents shall be resolved exclusively through final and binding expedited arbitration conducted by the American Arbitration Association (“AAA”) by one arbitrator who shall be an attorney, in New York, New York, in accordance with the AAA Commercial Arbitration Rules then in effect. Unless otherwise required by law, each party shall bear his/her or its costs of arbitration, including attorney’s fees; provided, however, that the arbitrator may award costs and attorney’s fees to the prevailing party under the provisions of any applicable law. The arbitrator shall not award any special, direct, indirect, punitive, incidental or consequential damages arising out of or in connection with the use of this including, without limitation, any lost profits, business interruption, or loss of programs or information even if Owner or Touro has been specifically advised of the possibility of such damages. The Internet user understands that, by viewing this website, he/she is electing to resolve all Disputes described above exclusively in an arbitration forum rather than in a judicial forum, and he/she is, to the extent permitted by law, waiving any right he/she may have to a jury trial of any such Dispute. The Internet user agrees that if for any reason any Dispute arises out of this website and is, for some reason, resolved in court rather than through arbitration, then, to the extent permitted by law, trial of that Dispute will be to a judge sitting without a jury, and the Internet user specifically waives any rights he may have to trial by jury of any such Dispute.



VOLUME 2: COURSE MANAGEMENT

2.1: POSTING AND REVIEW OF GRADES FOR YEARS 1 AND 2

POLICY 2.1

Volume 2, Course Management

Chapter 1, Posting and Review of Grades

Responsible Executive: Associate Dean for Preclinical Education

Originally Issued: September 8, 2005

Amended: November 28, 2016

REASON FOR POLICY:

Grades should be reported to students and, for final course grades, to the University Registrar in a timely manner. Releasing exam scores before all exams are completed may distract some students from exams yet to be taken.

WHO SHOULD READ THIS POLICY:

- Department Heads, Course Directors, Faculty
- Academic Department Administrative Assistants
- University Registrar
- Student Education Committees, Students

POLICY STATEMENT:

- Exam results cannot be posted in Blackboard or released to students until all consecutive exams with no curriculum content delivered in between are completed.
- The Course Coordinator will post grades within five working days of the examination as scheduled.
- After examinations are available for review, the student representative has three working days to meet with and present appeals to the Course Coordinator. A final decision will be reached and grade changes, if any, will be posted within three working days of that meeting. If the student course representative does not communicate with the Course Coordinator, the grades will stand as originally posted.



TOURO UNIVERSITY

C A L I F O R N I A

- It is the responsibility of the faculty to provide accurate grades to the Registrar and to adhere to the timelines stated above.
- Individual students should not contact the instructor for special consideration. Any grade changes after the final grades are provided to the Registrar must be submitted on the Official Change of Grade Form and have the required approvals. Every effort will be made to uniformly apply the following policy to all courses given during the first two years of the curriculum.



2.2: POSTING OF COURSE MATERIALS ON BLACKBOARD™

POLICY 2.2

Volume 2, Course Management

Chapter 2, Posting of Course Materials on Blackboard™

Responsible Executive: Associate Dean for Academic Affairs

Approved: December 18, 2008

REASON FOR POLICY:

Students should have access to study materials sufficiently in advance of scheduled classes in order to prepare adequately for those classes. At the same time, faculty must have reasonable time to prepare study materials that are complete and in final, edited form.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Department Heads, Course Coordinators, Faculty
- Student Education Committees, Students

POLICY STATEMENT:

Lecture (e.g., PowerPoint™) presentations and required laboratory or small group assignments/readings are to be posted on Blackboard™ as early as possible; however, they must be posted a minimum of 48 hours prior to the lecture or laboratory/small group session. If, for any reason, this deadline cannot be met, a message must be posted as to when the materials will be posted and the course coordinator must be notified as to the reason for the delay. Course coordinators will be required to report to the Associate Dean for Academic Affairs any instances of chronic tardiness in compliance with this policy (more than two instances).

Once the materials are posted, any corrections or changes that require a later re-posting must be identified clearly and any potential impact on grade-bearing activities (examinations, team based learning requirements, etc.) must be explained.



2.3: STANDARDIZED DISPLAY OF GRADES IN BLACKBOARD™

POLICY 2.3

Volume 2, Course Management

Chapter 3, Standardized Display of Grades in Blackboard™

Responsible Executive: Associate Dean for Academic Affairs

Approved: March 27, 2009

REASON FOR POLICY:

Adult learners benefit from timely feedback regarding performance. This policy is meant to create uniformity in the way we provide information about how scores are calculated and where up to date scores can be found. The less time students spend locating and calculating scores, the more time they have available to use those scores in planning their studies.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Department Heads, Course Coordinators, Faculty
- Student Education Committees, Students

POLICY STATEMENT:

Standardized Display of Weighting

1. For every course, a grid will be created that shows all planned graded activities or planned categories of graded activities. In the event that weights are to be applied, the planned weight in each subdiscipline and the course overall will be indicated. The grid will also show that the planned weights equal 100% in each subdiscipline and the course overall (see attachment 1). In the event that no weighting scheme is applied an "X" will be used to indicate whether a graded activity will be included in the score calculated for any subdiscipline or the course (see attachment 2).
2. The grid will be placed in Blackboard™ (see below).
3. If the plan is revised a revised grid will be posted and the students will be advised of the change.

Standardized Placement in Blackboard™ and Nomenclature of Weighting

1. The grid showing grading scheme will be posted in the Syllabus folder.



2. The grid will be titled: "Grade Weights by Subdiscipline and Course." Revisions to the grid will be titled: "Grade Weights by Subdiscipline and Course Revised (insert date)."

Standardized Display of Grades in Blackboard™

1. The first several columns in the gradebook will display the running totals for each subdiscipline and the course overall.
2. Running totals will be updated and displayed frequently, preferably as results from each graded experience become available.



2.4: USE OF REFERENCES DURING IN-CLASS QUIZZES (ANNOUNCED OR UNANNOUNCED)

POLICY 2.4

Volume 2, Course Management

Chapter 4, Use of References During In-Class Quizzes (Announced or Unannounced)

Responsible Executive: Associate Dean for Academic Affairs

Approved: September 2, 2008

REASON FOR POLICY:

Examination policies must be clear and uniformly applied. Students should have a consistent baseline rule to which they will be held accountable and to which exceptions can be made only by the responsible faculty member. This policy applies to the use of references during in-class quizzes.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Department Heads, Course Coordinators, Faculty
- Student Education Committees, Students

POLICY STATEMENT:

Unless otherwise informed, students should assume that all quizzes are closed book/closed notes/closed computers. If the faculty wishes for students to consult references such as books, notes, personal digital assistants (PDAs), computers, or other devices or technologies, an announcement to that effect will be made at the beginning of the quiz.



2.5: USE OF NON-SCHEDULED QUIZZES FOR COURSE CREDIT

POLICY 2.5

Volume 2, Course Management

Chapter 5, Use of Non-Scheduled Quizzes for Course Credit

Responsible Executive: Associate Dean for Academic Affairs

Approved: August 3, 2007

REASON FOR POLICY:

Grading policies must be clear and uniformly applied. Faculty must have the ability to assess student progress as they deem most appropriate and throughout the conduct of a course, but should not unfairly subject students to major credit-bearing assessments without giving ample time for preparation. Students should be informed of the grading policy at the beginning of a course, through publication in the course syllabus. This policy applies to the utilization of non-scheduled quizzes as part of a course grade.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Department Heads, Course Coordinators, Faculty
- Student Education Committees, Students

POLICY STATEMENT:

Inclusion of points from non-scheduled quizzes within the total grade for a course is permitted, with the following stipulations:

- The fact that there will be non-scheduled quizzes for credit must be stated in the course syllabus and made available to the students from the first day of classes.
- The percentage of the total course grade to be derived from non-scheduled quizzes shall be stated in the syllabus either exactly or “not to exceed 5%.”
- No “fatal” questions may be included in the course grading plan, either through non-scheduled or scheduled activities.
- These limitations do not apply to points derived from team based learning exercises or other scheduled activities.



2.6: SCHEDULING CLASSES/CHANGING OF SCHEDULED CLASSES

POLICY 2.6

Volume 2, Course Management

Chapter 6, Scheduling Classes/Changing of Scheduled Classes

Responsible Executive: Associate Dean for Preclinical Education

Approved: December 29, 2006

REASON FOR POLICY:

Students must be provided with a reliable schedule so that they know well in advance how to plan both their academic and non-academic activities. Likewise, faculty must respect each other's schedules when considering making course changes.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Course Coordinators
- Faculty
- Students

POLICY STATEMENT:

- Class schedules for any given block are to be finalized, by agreement of all involved course coordinators, prior to the first day of block.
- Once the block begins, no mandatory classes can be added out of schedule time.
- The addition of classes that are strictly voluntary for students to attend are permitted, but should be done with discretion in order to protect unscheduled time as much as possible.
- Changing of lecturers or presentation topics within the scheduled time for a particular course is allowable, and is at the discretion of the course coordinator.
- Switching assigned hours with another class is allowable, with the mutual agreement of the course directors, as long as it is within scheduled time.



2.7: AUDITING CLASSES AND UNREGISTERED ATTENDANCE TO CLASSES

POLICY 2.7

Volume 2, Course Management

Chapter 7, Auditing Classes and unregistered attendance to classes

Responsible Executive: Dean, COM; Associate Dean, Preclinical Education

Approved: October 4, 2011

REASON FOR POLICY:

Courses in Touro College of Osteopathic Medicine are provided for the learning and fulfillment of requirements by matriculated students of the college, or those of affiliated colleges with reason and interest in attending the course. Being matriculated in the course includes registration with attendant tuition and other fees, and attendance and progress in the course are charted with grades and noted in their transcript. There are potential conflicts between these parameters and expectations and the interests of students who wish to attend but not register in a class or course. This policy explains how this can be done without conflicting with the interests of the school and students formally taking the course.

WHO SHOULD READ THIS POLICY:

- Faculty teaching courses, especially course coordinators
- Students
- Deans

POLICY STATEMENT:

Unregistered Course Attendance

Students who are matriculated in the program and would like or are recommended to sit a course (including lectures, labs or other course related activities) may do so without being registered for that particular course, only by arrangement with the course coordinator. A student sitting a course is not permitted to participate in exams or other assessment activities. Certain lecture and lab activities might be designated as not available to unregistered students, and the student may be asked to cease attending the course, at the discretion of the course coordinator. The course coordinator may drop the student from the course for nonattendance or when the presence of unregistered students may disrupt the space or flow of classes and related activities for registered students. Unregistered attendance to courses by students who are matriculated in TU programs will be subject to approval by the Associate Dean for Preclinical Education.



TOURO UNIVERSITY

C A L I F O R N I A

Such approval would be communicated to the course coordinator prior to their allowing a student to attend. Persons not matriculated in Touro University programs who would like to attend classes at Touro may be allowed to do so only by special arrangement with the Dean of the College of Osteopathic Medicine.



2.8: GRADING CRITERIA CHANGES IN SYLLABI

POLICY 2.8

Volume 2, Course Management

Chapter 8, Grading Criteria Changes in Syllabi

Responsible Executive: Dean, COM; Associate Dean, Preclinical Education

Approved: September 14, 2011

REASON FOR POLICY:

Course syllabi in Touro College of Osteopathic Medicine constitute the roadmap to accomplish learning objectives set forth by faculty and the curriculum committee, in line with accreditation and credentialing requirements. Course syllabi may need to be modified at any given time to accurately reflect accreditation requirements and new developments in the state of the art of content areas, teaching methods and testing. In addition, courses may be modified to accommodate academic activities that become available or exclude those that may not be available any longer. These course changes may require adjusting the grading criteria for the course. This policy explains how grading changes would be made without giving away unearned points and affecting the academic quality of the curriculum.

WHO SHOULD READ THIS POLICY:

- Faculty teaching courses, especially course coordinators
- Students
- Department Chairs
- Deans

POLICY STATEMENT:

Course changes may be needed at any time during the course year due to unforeseen circumstances (adding or ceasing an academic activity) or when the academic benefit to the student is deemed by faculty to be greater than the difficulty involved in making such changes. An example would be the need to start or cease an academic activity (e.g., autopsy visits) once a syllabus has been completed and/or a course has started. Two possible grading change alternatives are recommended; one is “makeup work”, the other is “reweighting”.



“Makeup work”: When an ongoing academic activity is cancelled, and only a fraction of the group is able to complete it, makeup work may be assigned commensurate with the missed activities (only for those who missed them) and graded accordingly using the original grading criteria.

“Reweighting”: When a current academic activity is cancelled, the grade originally assigned to that activity will be reapportioned equally across grading criteria for those students not able to perform such activity.

When a new academic activity is added to the grading criteria, the grade fraction for the new activity will be apportioned to the overall course or subdiscipline grade for those students who performed such activity.

Course coordinators may use any of these grade change options, a combination of them, or come up with additional alternatives. Once students agree with and have been scored using a given grade method, they will not be allowed to opt for different grading criteria. In all cases, the course coordinators will endeavor to benefit the largest portion of the class.

All additions or deletions of academic activities during the progress of a course and all proposed grading criteria changes must be submitted in advance for review and approval by the Curriculum Committee.

Once grading changes are approved, course coordinators will include them in a revised syllabus that will be circulated among students and posted in Blackboard.



2.9: SCHEDULING STUDENT GROUPS FOR CONTENT REVIEW, TUTORING OR ADVISORY HOURS

POLICY 2.9

Volume 2, Course Management

Chapter 9, Scheduling Student Groups for Content Review, Tutoring or Advisory Hours

Responsible Executive: Associate Dean, Preclinical Education

Approved: November 30, 2011

REASON FOR POLICY:

During first and second year, students may need to schedule sessions with lecturers and advisors or academic tutors to go over course contents or materials. This policy serves to describe and reinforce some major requirements and procedures pertaining to the protocol followed by course coordinators, faculty, and students to schedule such sessions. This policy complements other policies related to lecture attendance in the Student Handbook.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Course Coordinators
- Faculty
- Students

POLICY STATEMENT:

Students or faculty often have the need to schedule content review, advisory or tutoring sessions. The objective of this policy is to avoid overlap or conflict of such sessions with core curricular events including laboratory sessions, ECE and mandatory lectures.

- All group sessions to review course content and materials and to gain further instruction or advice from faculty must take place at times when students are not scheduled to attend core curricular activities (lectures, labs, ECE or other academic activities).



2.10: AUTOMATED RECORDING OF EDUCATIONAL EVENTS

POLICY 2.10

Volume 2, Course Management

Chapter 10, Automated Recording of Educational Events

Responsible Executive: Dean of the TUC COM or appointee

Approved: October 30, 2013

REASON FOR POLICY:

To provide guidance for the recording of educational events and the use of the resulting recordings.

WHO SHOULD READ THIS POLICY?

- Associate Deans, Assistant Deans
- Department Heads
- Course Coordinators
- Faculty
- Students
- Department of Information Technology personnel

This policy applies to all participants in Touro University California College of Osteopathic Medicine (TUC COM) educational events.

POLICY STATEMENT:

TUCOM will automatically record educational events in settings where course capture devices have been installed. If equipment is available recordings may be made in additional spaces following a timely request by the Course Coordinator (or the equivalent) and approval by the Dean or appointee. Once completed, the recordings will be automatically released to students in the course. Faculty members have the option of making appropriate edits to correct errors or misstatements in released recordings at any time.

Faculty members responsible for the learning event may request that the recording or posting be cancelled in its entirety. This request must be submitted in advance in writing to the Dean or designated representative of TUC COM, at least one week in advance. Cancellation requests will be approved if justified. Faculty may, at their



discretion, temporarily pause or omit portions of a recording so long as omitted material does not contain required curricular information.

Examples of justified cancellations or pauses in recording are:

- copyrighted media used with restricted permission of authors only for in-class unrecorded sessions
- media containing identifiable or non-consented data or images of human subjects, patients or cadavers
- break periods
- class discussions revealing sensitive personal information of participants
- small group activities or non-traditional lecture/discussion formats which are not useful to viewers

Deliberately causing the event to not be recorded (audio or video) without authorization by the presenter(s), course coordinator(s), organizer(s), or Dean or designee, posting of these recordings on any unapproved or public site, transmitting/transferring recording to an unauthorized individual, or inappropriate use of copyrighted material are violations of the Academic Integrity Policy and similar policies stated in faculty, staff and student policy handbooks, and such behavior will be subject to disciplinary actions.

Recordings are available to approved students, faculty and administration to support learning, curriculum improvement and faculty assessment/development. Recordings may be used by authorized individuals to support assertions of event content or delivery. The lecturer will be able to post any changes or additions about a given lecture by placing the appropriate text in a pdf file in the Notes folder next to the lecture recording in Blackboard.

All recordings are the property of TUC and, if posted, will be made available to students in the same manner as other course materials. Recordings will be archived for up to three (3) years and reutilized, modified or discarded, by prior approval by the Dean of the College or designee. Intellectual property of recordings is governed by Touro University policies.

The Curriculum Committee, in collaboration with the Director of Curriculum will be responsible for monitoring and assessing the lecture recording system and policy, as well as assuring they are used as teaching tools to the best advantage for instruction. Faculty and students who are members of the Curriculum Committee will represent



faculty and students to monitor, assess and issue recommendations to improve the lecture recording system and corresponding policy.

All recordings assume tacit consent of faculty, students and staff to be willfully recorded. Errors and corrections in recordings can be made on the actual recordings or by communicating directly to students. Direct communications issued to students on course instructions, materials and exam content after the recording took place supersede those in recorded materials.

The Department of Information Technology will archive an unedited copy of each recording that was made. This archived recording can be restored upon written request of the faculty member to the Dean of the College, to replace an inappropriately edited event or upon written request of the Provost, Deans or TUC Legal Counsel. Special accommodations and appeals to this policy should be submitted to the Dean of the COM.



2.11 COMPUTERIZED EXAMS

POLICY 2.11

Volume 2, Course Management
Chapter 11, Computerized Exams
Responsible Executive: Dean
Approved: March 25, 2015

REASON FOR POLICY:

The COM uses computerized online exams as one of its assessment strategies as well as to simulate Board Exam conditions and assess student readiness for Board exams. Computerized online exams may not operate properly at times, thus impairing the student's time or ability to take exams. This policy outlines the procedure to preserve the academic assessment integrity when using computerized exams.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Course Coordinators
- Faculty
- Students

POLICY STATEMENT:

The COM uses different computerized off and online exams to assess content and delivery of the curriculum as well as preparation for board examinations. Computerized environments for assessment are subject to frequent updating by hardware, software and assessment companies. The COM strives to stay abreast of computerized testing requirements. In the event of computerized testing failures, delays or cancellations due to connectivity, hardware, software or related issues, the COM will allow the student to take or retake the exam under fair and similar circumstances. In no case will the student receive partial or total credit for missed or lost questions due to computerized testing failures.



2.12: EARLY ACADEMIC READINESS AND ASSIGNMENTS POLICY

POLICY 2.12

Volume 2, Course Management

Chapter 12, Early Academic Readiness and Assignments Policy

Responsible Executive: Dean

Approved: August 31, 2016

REASON FOR POLICY:

Assigning academic work before the start of the new OMS 1 and OMS 2 academic years may place some students at a disadvantage compared to students who are free to conduct those assignments.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans, Department Chairs
- Faculty Members

POLICY STATEMENT:

After being accepted, OMS 1 students are advised to get ready with logistics towards their first day of class, including housing, moving, purchasing books, obtaining medical equipment, preparing attire and similar activities. Some students may be traveling, taking care of family affairs, vacationing and conducting personal business. OMS 2 students returning from the semester break may be equally dealing with personal and family affairs.

To ensure equal opportunity for completing assignments no academic work will be required before the beginning of the academic year or semester.

The Student Promotions Committee may recommend or require academic assignments before classes start, for students who have been identified in need of academic improvement.

All recommended early (prior to start of classes) academic readiness activities shall be communicated to OMS 1 and OMS 2 students through the Welcome Letter, the Touro Website or e-mail by the Associate Dean for Preclinical Education.



TOURO UNIVERSITY

C A L I F O R N I A

Exceptions to this policy may be considered by submitting a proposal for an early (before start of classes) recommended or required activity to the Academic Council, which shall consider and communicate the decision through the Academic Dean for Preclinical Education.



2.13: EXAM PROCTORING POLICY

POLICY 2.13

Volume 2, Course Management

Chapter 13, Exam Proctoring Policy

Responsible Executive: Dean, Senior Associate Dean, Associate Dean for Preclinical Education, Associate Dean for Clinical Education, Department Chairs

Approved: November 30, 2016

REASON FOR POLICY:

Examination proctoring is an important assessment task that is part of an instructor's responsibility. Not all faculty are available at all times to proctor exams, and there is a need for faculty to collegially share proctoring activities in order to ensure exam security and observe examination decorum. This policy is consistent with the Touro College and University System policies for Academic Integrity shown in the Academic and Regulations and Policies' s Statement on Academic Integrity in the 2016-2017 University Catalog.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans and Assistant Deans of TUCOM
- Department Chairs
- Academic Council
- Course Coordinators
- Faculty
- Departmental Administrative Personnel

POLICY STATEMENT:

All exams must be included in the course schedules at the beginning of each semester. Course Coordinators will designate how many proctors are needed for each exam. Course Coordinators will inform instructors of the dates and times when instructors should be available to proctor exams. At the beginning of each semester all instructors should sign up to proctor exams even if they are not the instructor of record. Sign-ups are done with the Course Coordinator of each course.



2.14: EXAM ITEM SCORING POLICY

POLICY 2.14

Volume 2, Course Management

Chapter 14, Exam Item Scoring Policy

Responsible Executive: Course Coordinators, Dept. Chairs and Associate Dean of Preclinical Education

Approved: November 9, 2016

REASON FOR POLICY:

To develop a fair and equitable way to address problematic questions.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Course Coordinators
- Faculty
- Students

POLICY STATEMENT: This policy outlines the different scenarios and actions that will be taken to ensure students are graded fairly.

All actions will be decided and executed through collaboration of the examination item Content Expert (the faculty who delivered the content), Course Coordinator for the course the content is assessed in, and respective Department Chair over the instructor who wrote the question. Scoring changes covered in this policy are the purview of the respective Course Coordinator. Appeals to decisions will be resolved by the Dean or designee.

Typically there may be three types of problematic questions:

Question mis-key

When an incorrect answer is keyed as correct

Action: Correct the mis-key item and rescore the exam. After fixing the key, students who got the question right will get the point and those who got it wrong will not, even if the change results in a failing score.



Multiple Correct Answers

In the case of multiple correct answers:

Action: Accept any correct answer and rescore, unless stated that all correct answers must be selected.

When there is no correct answer among the choices

Action: Students will not receive credit for the question but will get one credit point for time spent on the item. The total number of items scored will remain the same.

A poorly performing question with only one correct answer:

Action: Bonus within ExamSoft (students who got the right answer get the point and students who did not, get the benefit of lowering the denominator by one). This may lead to max score >100%.

Grade changes, if any, will be posted within 3 working days once a final decision has been made. Grade adjustments cannot be made after that point.



2.15: POST EXAMINATION REVIEW AND CHALLENGES

POLICY 2.15

Volume 2, Course Management

Chapter 15, Post Examination Review and Challenges

Responsible Executive: Dean, Senior Associate Dean, Associate Dean for Preclinical Education, Associate Dean for Clinical Education and Department Chairs

Approved: November 9, 2016

REASON FOR POLICY:

Exam reviews and challenges are central to providing timely and constructive feedback to students. Following administration of every exam, students will have the opportunity to view and submit exam item challenges in an environment that ensures the security and confidentiality of exam items. TBL and peer-review-based examinations and quizzes are not subject to this policy.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans and Assistant Deans of TUCOM
- Department Chairs
- Academic Council
- Course Coordinators
- Faculty
- Academic Administrative Assistants
- Students

POLICY STATEMENT:

To provide timely and constructive feedback to students, exam reviews offer students the opportunity to reinforce knowledge, correct errors and learn from their peers and faculty. To this end, the following procedures must be observed:

- All exam reviews must be included in the course schedules at the beginning of the semester.
- Course Coordinators will inform instructors of date and time they should be available to attend exam reviews.
- Course Coordinators will devise and communicate to students and instructors an exam review procedure suitable to course content and schedule.



2.16: ACCESS TO THE GROSS ANATOMY LAB

POLICY 2.16

Volume 2, Course Management

Chapter 16, Access to the Gross Anatomy Lab

Responsible Executive: Dean, Senior Associate Dean, Associate Dean for Preclinical Education, Associate Dean for Clinical Education, Department Chairs

Approved: November 30, 2016

REASON FOR POLICY:

There is a need for an easily accessible schedule for anatomy lab in addition to the master calendar. The new anatomy curriculum includes new educational responsibilities and establishes expectations for student professionalism and accountability. To this end there is a need for a policy of access that is spelled out and accessible by students, staff and faculty keeping in mind that Touro is closed on the Sabbath and Jewish Holidays.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans and Assistant Deans of TUCOM
- Department Chairs
- Academic Council
- Course Coordinators and Course Instructors
- Faculty
- Students

POLICY STATEMENT:

Students will have access to the anatomy lab 24 hours a day, 7 days a week, unsupervised. While Lander Hall is closed on the Sabbath and Jewish holidays and after business hours from 8pm till 6:00am, students will still be able to access the anatomy lab after hours by signing in with security (until the implementation of card key access). Importantly, access to cadaveric material for medical education is a privilege. To maintain this privilege, students are expected to follow the rules of the anatomy laboratory at all times. Failure to do so will be viewed as a severe breach of professionalism and sanctions stated in the Code of Conduct/Professional Promise of the 2016-2017 Student Handbook.



TOURO UNIVERSITY

C A L I F O R N I A

The Touro University Gross Anatomy Lab offers a hands-on, interactive learning space for exploring the human body. The bodies available for dissection were donated by individuals who wanted their remains to be used for education and/or research. They should be treated with the utmost respect at all times.

Students must comply with these rules:

- Students should never open the lab to strangers.
- Guests may visit the lab *only* if approved by an anatomy faculty member.
- Students must always log in their after-hours time in the lab. To do so, they must sign in at the security desk prior to entering the lab and they must sign out when they have finished using the lab.
- For safety, the doors to the anatomy lab must remain closed at all times.
- No cadaveric material should ever be removed from the anatomy lab for any reason. The same goes for anatomical models, computers and other learning resources.
- Cameras, cell phones or other photographic or video equipment are never permitted in the lab unless approved by an anatomy faculty member. No photography or video is ever permitted after hours. Posting online of any photos or video is strictly prohibited.
- Cadavers should be appropriately covered at all times and should be properly wrapped and covered prior to leaving the lab.
- Food or drink should never be brought into the lab.
- Other than a guard stationed at the security desk, students accessing the anatomy lab should know that the building is otherwise closed and unoccupied. In the event of emergency, dial 85804 or 707-638-5804 for security 24 hours a day or dial 9-911 for emergency calls (police, fire, ambulance).



TOURO UNIVERSITY

C A L I F O R N I A

VOLUME 3: CLINICAL ROTATIONS

3.1: CREDENTIALING AND APPROVAL OF FACULTY; AFFILIATION AGREEMENTS AND APPOINTMENT PROCESS FOR THE FACILITATION OF CLINICAL ROTATIONS

POLICY 3.1

Volume 3, Clinical Rotations

Chapter 1, Credentialing and Approval of Faculty; Affiliation Agreements and Appointment Process for the Facilitation of Clinical Rotations

Responsible Executive: Dean

Approved: September 19, 2008

Amended: March 22, 2017

REASON FOR POLICY:

This policy is established to define the process for academic credentialing and appointment or approval of Faculty involved in the teaching, supervision, and evaluation of Touro University College of Osteopathic Medicine (TUCOM) students on clinical rotations. This process is designed to ensure that a) students' clinical experiences take place under the guidance of appropriately trained and qualified physician preceptors and b) TUCOM maintains compliance with the requirements set forth in *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures*, published by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOA-COCA).

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Directors of Medical Education
- Prospective and Active Adjunct Faculty
- Faculty
- Students

POLICY STATEMENT:

All students on clinical rotations must train under the supervision of personnel appropriately trained and qualified, and approved by the institution. These



supervisors, known as clinical preceptors, must agree to the expectations of all parties (e.g., Faculty, TUCOM, and student) as delineated by TUCOM. Only by adhering to such processes can TUCOM ensure the consistent high quality of experiences for its students. Requirements for this process are rooted in the AOA-COCA standards 4.1.2, 6.10, and 6.12 (See citations below).

Prior to the commencement of any clinical rotation, the supervising physician for the rotation must be academically credentialed or approved. Any supervising physician may be appointed to the Adjunct Faculty through the process described below. Only those clinical preceptors supervising and evaluating students on rotations within educational programs accredited by the American Osteopathic Association (AOA), the Liaison Committee on Medical Education (LCME), and/or the Accreditation Council on Graduate Medical Education (ACGME) are eligible to be approved to the Adjunct Faculty.

Appointment to the Adjunct Faculty may be initiated by the Department of Clinical Education in the process of ongoing recruitment, by a current Adjunct Faculty member (e.g., upon hiring a new associate or partner in practice), by a hospital with which TUCOM has an affiliation (e.g., upon appointment of a new staff member), or by the prospective Adjunct Faculty member himself/herself.

Process of Appointment to the Adjunct Faculty:

- 1) An Adjunct Faculty Appointment Packet is issued to the prospective Adjunct Faculty member. This packet includes a cover letter describing the contents and instructions for the recipient, a Faculty Information Sheet, an Affiliation Agreement (attached), and a copy of the Clinical Rotation Manual. The Affiliation Agreement may not be included if an Affiliation Agreement is already in place that covers all practice sites of the prospective Adjunct Faculty member, either with a practice group or with a hospital.
- 2) The prospective Adjunct Faculty member returns a current Curriculum Vitae (CV), completed Information Sheet, and signed Affiliation Agreement (if applicable).
- 3) The returned packet is reviewed by the Associate Dean for Clinical Education, or his/her designee. If the documents are satisfactory, the CV will be noted "Acceptable" and signed and dated by the reviewer.
- 4) All reported professional licenses are verified by the Department of Clinical Education. Any notations that may call into question the applicant's fitness to serve as a preceptor (e.g., restrictions, disciplinary actions) must be brought to



the attention of the Associate Dean for Clinical Education and/or the Dean for review, and possible rejection of the application.

- 5) If no prohibiting issues are identified, an academic rank commensurate with the applicant's qualifications is assigned by the Associate Dean for Clinical Education or their designee.
- 6) The new Adjunct Faculty member is added to the official roster, a welcome letter and appointment certificate are issued, and any pending assignments of students to that Preceptor may be finalized.
- 7) If either the Associate Dean for Clinical Education or the Dean objects to the appointment, the application is rejected, and a notation is made in the file to that effect.

Adjunct Faculty appointments are valid for five years, though an appointment may be withdrawn by the Adjunct Faculty member, or rescinded by the Dean, prior to its expiration. In order to apply for reappointment at the end of the 5 year period, an adjunct faculty member must contact the Clinical Education Department.

Process of Reappointment to the Adjunct Faculty:

- 1) Adjunct faculty member applications are presented to the Rank and Promotions Committee for consideration of reappointment. Potential reasons not to reappoint may include, but are not limited to, a low level of participation (i.e., no students precepted in the preceding year), consistently negative student reviews, or a correlation of poor performance on objective evaluations by students having rotated with the Adjunct Faculty member.
- 2) The license verification and evaluation process is repeated as described for initial appointments in step 4 above.
- 3) The Adjunct Faculty member applying for reappointment has an option to verify that the information contained in the Faculty Information Sheet and Curriculum Vitae is still current. The Adjunct Faculty member will attest to this by checking a box on the Affiliation Agreement that states, "All of the information provided in my prior credentialing documents is current, and I permit reuse of the information for this adjunct faculty renewal." The Adjunct will sign and date below this statement. If updates are needed for any of the credentialing documents listed above, the preceptor will be required to submit all document updates to the Credentialing Coordinator.
- 4) Upon receipt of all updated re-credentialing information, the reappointment is completed, a renewal certificate is issued to the Adjunct Faculty member, and the new appointment expiration date is noted in the official roster.



Credentialing of the Preceptors at AOA and ACGME accredited residency programs not participating in The Visiting Student Application Service (VSAS) and Military Sites:

- 1) One or more individuals must be specifically identified as ultimately responsible for supervision and evaluation of the student on rotation, and designated as the clinical preceptor(s). This (these) name(s) must be submitted to the Department of Clinical Education with the initial request from the student for the rotation, utilizing either an Away Rotation Request Form or, if the rotation is local, a Schedule Change Request Form.
- 2) The Department of Clinical Education will verify that the clinical preceptor(s) has (have) a valid license(s), without restriction, to practice medicine in the jurisdiction in which the rotation will take place. Any notations that may call into question the potential preceptor's fitness to serve in this role (e.g., restrictions, disciplinary actions) must be brought to the attention of the Associate Dean for Clinical Education and/or the Dean for review, and possible denial of the rotation request.
- 3) If no prohibiting issues are identified, the Associate Dean for Clinical Education will note an approval for this preceptor on the printed verification of license.
- 4) This approval is valid only for the single rotation requested, and is not transferable to additional rotations for the student, or to other students' requests.
- 5) Either a signed affiliation agreement, or submission of the Delineation of Responsibilities (attached) along with printed confirmation of acceptance (see below), is required for final approval of a rotation.

The Delineation of Responsibilities contains the same description of expectations found in the standard Affiliation Agreement, and is designed to be used as part of a formal application process for a rotation. This document is specific to a single student applying to a single rotation, and agreement to its terms applies only to that rotation. This format may be used to meet the requirements of AOA-COCA Standard 6.9 only when both of the following conditions are met:

- The clinical preceptor is approved to the Adjunct Faculty as described above. The rotation must meet the qualifications noted above for this process.
- The student must submit a written (or electronic) application for the rotation, and will receive written (or electronic) confirmation of acceptance.

The Delineation of Responsibilities must be submitted to the rotation site prior to a decision being made on the student's application, ideally at the same time as the initial application.



A copy of the written (or electronic) confirmation of acceptance into the rotation must be submitted to the Department of Clinical Education prior to the rotation. If a signed institutional or individual Affiliation Agreement is in place with the rotation site, a Delineation of Responsibilities is not needed.

Credentialing of the Preceptors at AOA and ACGME accredited residency programs participating in The Visiting Student Application Service (VSAS):

All VSAS system participating programs are accredited by AOA, ACGME and therefore all preceptors supervising Touro students at those institutions are already credentialed by the host sites and do not need to be credentialed by the Department of Clinical Education.

Credentialing of the Preceptors at the Core Sites with accredited AOA and ACGME Residency programs:

All Preceptors at AOA and ACGME accredited programs must be credentialed by the sites and do not need to be credentialed by Touro. The Director of Medical Education and/or supervisory preceptor must be credentialed by the Department of Clinical Education.

Applicable Accreditation Standards:

- 4.1.2 The COM must academically credential or approve the faculty at all COM and COM-affiliated and educational teaching sites.

- 6.10 Written affiliation or educational agreements, which clearly define the rights of both parties, must be obtained between the COM and each clinical clerkship teaching facility not owned or operated by the COM, or in the case where an institutional agreement is not applicable, between the COM and the individual preceptor.

- 6.12 All instruction at the affiliated or educational sites must be conducted under the supervision of COM academically credentialed or approved faculty.



TOURO UNIVERSITY

C A L I F O R N I A

Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures, American Osteopathic Association Commission on Osteopathic College Accreditation, effective July 1, 2008.



3.2: RECEIPT OF PRECEPTOR EVALUATIONS, RESPONSIBILITY AND GRADE REPORTING

POLICY 3.2

Volume 3, Clinical Rotations

Chapter 2, Receipt of Preceptor Evaluations, Responsibility and Grade Reporting

Responsible Executive: Associate Dean for Clinical Education

Approved: October 7, 2008

REASON FOR POLICY:

Grades must be recorded by the University Registrar in a timely manner, shortly after the end of each clinical rotation. Failure to have grades recorded on a student's transcript prevents the student from being approved for subsequent Financial Aid distributions and, thus, jeopardizes the student's progress through the program.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Department Heads
- Clinical Preceptors
- Clinical Education Administrative Staff
- Students

POLICY STATEMENT:

The College is responsible for distributing this policy to all affected individuals. Clinical preceptors are responsible for submitting grades promptly at the completion of each student's rotation. Students on clinical rotations are responsible for follow-up to ensure that their final evaluation forms are submitted to the Clinical Education Department promptly at the completion of each rotation. In addition when appropriate the quizzes, end of rotation exams, logs, and Student Evaluation of Clinical Rotation form must be completed within 2 weeks from the end of the rotation.

The Clinical Education Department will designate a member of the administrative staff who is charged with completing a grade reporting form, which will be signed by the Associate Dean for Clinical Education and submitted to the University Registrar within three weeks of the end of each rotation.



TOURO UNIVERSITY

C A L I F O R N I A

If the evaluation forms, the quizzes, end of rotation exam or the logs are not received within this timeframe, the Clinical Education Department will submit a *place-holding* grade, which may be a Pass (P), an Unsatisfactory (U), or an Incomplete (I). Place-holding grades can be replaced with an official grade once the information is received from the preceptor. The Clinical Education Department will then file a *Grade Change Form*. Per University grading policy (see TUCOM Student Handbook, Sections entitled *Grading and Credit Hours* and *Definition of Grades*), Incompletes will automatically become *U* grades at the end of one year, unless the grade has been officially changed. Once that occurs, current University policy dictates that the best grade that can be recorded on the transcript is a *U/P* grade.



3.3: REQUIREMENT FOR EXECUTION AND MAINTENANCE OF AFFILIATION AGREEMENTS WITH CORE CLINICAL ROTATION SITES

POLICY 3.3

Volume 3, Clinical Rotations

Chapter 3, Requirement for Execution and Maintenance of Affiliation Agreements with Core Clinical Rotation Sites

Responsible Executive: Dean

Approved: December 18, 2008

REASON FOR POLICY:

The College must establish formal affiliation agreements with all sites that supervise students on core clinical rotations. This is to establish the parameters of the relationship, including each party's rights, responsibilities and obligations. This is necessary for the protection of both parties and, most importantly, to ensure the best possible experience for the students.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Clinical Education Administrative Staff
- Administrations of Clinical Rotation Sites
- Directors of Medical Education
- Students

POLICY STATEMENT:

The College will establish, regularly review, and renew in a timely manner affiliation agreements with all core clinical rotation sites and all institutions where our students rotate that are not AOA, LCME or ACGME-accredited postgraduate training sites (see also Policy 3.1).

A standard university template will be used for each agreement, except in the case of some institutions which may have a preferred format. In this case, we will utilize the latter, as long as it contains the same basic information and protections. All agreements will be reviewed annually to ensure that they are current.

When a potential new core site affiliation is brought to the attention of the Clinical Education Department, the Department will pursue the documentation required by



TOURO UNIVERSITY

C A L I F O R N I A

both Touro University and the new core site institution until a signed affiliation is accepted and recorded by both parties.



3.4: APPROVAL OF ELECTIVE ROTATIONS AND CHANGE OF ROTATIONS

POLICY 3.4

Volume 3, Clinical Rotations

Chapter 4, Approval of Elective Rotations and Change of Rotations

Responsible Executive: Associate Dean for Clinical Education

Approved: December 18, 2008

REASON FOR POLICY:

This policy is established to define the process for requesting and approval of elective rotations and changing of scheduled rotations. This process is designed to ensure that a) students' clinical experiences take place under the guidance of appropriately trained and qualified physician preceptors and b) TUCOM maintains compliance with the requirements set forth in *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures*, published by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOA-COCA).

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Clinical Preceptors
- Clinical Education Administrative Staff
- Students

POLICY STATEMENT:

All students on clinical rotations must train under the supervision of personnel appropriately trained and qualified, and approved by the institution. Requirements for this process are rooted in the AOA-COCA standards 4.1.2, 6.9, and 6.11.

Students must initiate elective clinical rotation assignments and change of scheduled rotation assignments with the Clinical Education Department at least 60 days before the start of the rotation by completing and submitting the Rotation Request Form (attached). The Clinical Education Department will initiate the credentialing and approval of faculty (per Policy 3.1), if the rotation is not a previously credentialed one.

If approved by the Associate Dean for Clinical Education, a Letter of Approval and Good Standing along with a student information packet will be sent to the preceptor



TOURO UNIVERSITY

C A L I F O R N I A

prior to the rotation. This packet includes, among other things, information on the immunizations and Universal Precautions and Health Insurance Portability and Accountability Act (HIPAA) training that students will have completed and on their general liability malpractice coverage.



3.5: EVALUATION OF CLINICAL AFFILIATE SITES FOR EDUCATIONAL
RESOURCE ADEQUACY

POLICY 3.5

Volume 3, Clinical Rotations

Chapter 5, Evaluation of Clinical Affiliate Sites for Evaluation of Educational Resource Adequacy

Responsible Executive: Dean

Approved: October 7, 2008

REASON FOR POLICY:

The College must assure that clinical affiliate sites have the resources necessary for TUCOM students in the third and fourth years to fulfill the requirements of the curriculum.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Directors of Medical Education at Affiliated Sites
- Faculty at Clinical Affiliate Sites
- Students

POLICY STATEMENT:

A comprehensive core rotation site is a site or coordinating educational consortium where students do core clinical rotations and that has two or more rotations available to TUCOM students. Each comprehensive core rotation site is to be visited at least annually, for the purpose of ascertaining whether the resources and programs on site are adequate for TUCOM students to learn the objectives and fulfill the portion of the curriculum that should be provided there. Such visits will include a tour of the facilities and interviews with students rotating at the site, the Director of Medical Education and faculty responsible for the rotations and Osteopathic Manipulative Medicine training on the site. The visit may or may not be combined with faculty development activities for the adjunct faculty on site. A standard form (attached) will be used for recording the findings of the visit and will be filed with the Associate Dean for Clinical Education.



3.6: GUIDELINES FOR INTERNATIONAL ROTATIONS

POLICY 3.6

Volume 3, Clinical Rotations

Chapter 6, Guidelines for International Rotations

Responsible Executives: Associate Dean of Clinical Education, Director of Global Health Program

Approved: March 20, 2009

REASON FOR POLICY:

International rotations provide students with the opportunity to learn in a global environment. The student contributes to a community's resources and to the solution of health problems while developing clinical skills, personal confidence and leadership as a health professional. A planned, supervised clinical rotation and the preparation leading to it fosters professional development in several areas:

- Application of primary care core knowledge and specialty skills
- Development of new practice-based skills
- Attention to professional self-assessment and personal growth

Many opportunities exist for International Medical Rotations. These must be properly evaluated as to their educational content and suitability to provide a positive, appropriate and safe environment for our students. An academic and administrative structure is needed to provide adequate oversight and control of these rotations.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Faculty Members
- Students

POLICY STATEMENT:

Eligibility and Requirements:

The student must be in good academic standing. Applications from students who are on Academic Probation will not be accepted.



Application process (3 Steps):

Step A

The student must submit the following to the Office of Clinical Education:

1. Rotation Request Form
2. Hospital/overseas program profile, including:
 - a. The address, email and website
 - b. The nature of the clinical facility, i.e., hospital, mobile clinic, etc.
 - c. The spectrum of clinical exposure (types of health issues)
 - d. The general profile of the hospital clinicians (physicians, GMO's, nurse practitioners)
3. Preceptor curriculum vitae/resume

The Office of Clinical Education will review the documents and a decision will be made within 5 business days.

Step B

Upon approval of the site and the preceptor qualifications, the student will be required to complete the application packet which includes:

1. Documentation of acceptance to the program.
2. Signed affiliation agreement.
3. Completion of core clinical rotation information packet requirements
4. The International Rotations Agreement form and Release and Waiver of Liability.
5. Evidence of international Health Insurance

Once these forms are submitted and accepted, preparation may be made for departure, including booking travel.

Step C

To receive academic credit, students need to complete the following assignments:

Assignment:

Due Date:

Mid-Point Update

Week 2-4 of rotation

Final Evaluation

Week 4 of rotation

Final assignments and communication
with the Office of Clinical Education

Upon return



Rotation outline:

Week 1

Orientation to Hospital

Introductions to colleagues and staff
Review organizational policies and procedures
Review learning objectives and activities for the rotation
Begin a Log Book (documentation of patients, cases, procedures observed or performed).

Weeks 1-4

Rotation

Weeks 2 - 3

Mid-Point Update

Student and preceptor review *Affiliation Agreement* to evaluate progress to date and need for revision
Email (if possible) between student and office of Associate Dean of Clinical Education, TUCOM

Week 4

Final Assignment (required in order to receive credit)

Preceptor and student jointly complete *Preceptor Evaluation of Student Performance* (This is to be sent to the Associate Dean of Clinical Education by the preceptor by mail or electronically)

Completion of the evaluation of site form by the student.
The student **log book**. The student log book should include all activities which occurred during the rotation that address the following Learning Objectives in a Practice Setting:

- Skills and Competencies
- Core and Specialty Knowledge
- Leadership Skills and Abilities
- Cultural competency
- Personal and Career Development



3.7: DOCUMENTATION OF COMPLIANCE WITH IMMUNIZATION REQUIREMENTS

POLICY 3.7

Volume 3, Clinical Rotations

Chapter 7, Documentation of Compliance with Immunization Requirements

Responsible Executives: Associate Dean of Student Services, TUC; Associate Dean of Clinical Education, TUCOM; Associate Dean of Preclinical Education, TUCOM

Approved: March 3, 2010

REASON FOR POLICY:

Students must be in compliance with immunization requirements in order to participate in clinical rotations or any other patient contact experience during their enrollment as a student of Touro University. Additionally, the university must be able to document to hospitals, other clinical sites, and preclerkship course coordinators that students are in compliance with these requirements.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Associate Dean of Student Services, TUC
- Director, Student Health
- Medical Director, Student Health
- Clinical Education Staff
- Department Chairs, Faculty Members
- Students

POLICY STATEMENT:

The following procedures will be followed:

1. Student Health Center has agreed to send to Clinical Education, by email in the first week of every month, a report listing those students who are anticipated to be deficient in their PPD's or other immunizations or whose immunizations will expire within 30, 60 and 90 days. The Associate Dean for Preclinical Education will be copied on the lists of first and second year students and will inform the appropriate course coordinators.



2. All immunization certificates for clinical rotations will be completed by the Clinical Education staff.
3. All student immunization data will be sent to and stored at the Student Health Center.
4. Student Health will enter all immunization data into the electronic health tracking system.
5. The Clinical Education Department will hand deliver to the Student Health Center, on the first day of each week, all applications for clinical rotations that are required to be filled out and signed by the Health Center Official. These will be completed and returned to the Clinical Education Department within 24 hours.
6. The Student Health Center will send to the designated individual in the Clinical Education Department, electronically, all additional paperwork from the student's health file that is needed to complete the application for clinical rotations.
7. The Clinical Education Department will fill out immunization forms that do not require signature by the Health Center Official and submit them to the appropriate clinical site. This will be done utilizing the electronic health data tracking system, which will be kept up-to-date by the Student Health Center.
8. All students with inquiries regarding clinical rotation requirements should be directed to the Clinical Education Department.



TOURO UNIVERSITY

C A L I F O R N I A

VOLUME 4: GRADUATION

4.1: APPROVAL OF STUDENTS FOR GRADUATION

POLICY 4.1

Volume 4, Graduation

Chapter 1, Approval of Students for Graduation

Responsible Executive: Dean

Approved: February 5, 2008

REASON FOR POLICY:

According to the by-laws of Touro College, faculty has the responsibility for recommending students for graduation and, through the power vested by the Board of Trustees, degrees are granted by the Provost of the University. Furthermore, this policy ensures that TUCOM maintains compliance with the requirements set forth in *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures*, published by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOA-COCA).

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans and Assistant Deans of the College
- University Registrar
- Faculty

POLICY STATEMENT:

For Touro University College of Osteopathic Medicine - California, a list of students anticipated to graduate, pending completion of all requirements as verified by the Associate Dean of Preclinical Education, the Associate Dean of Clinical Education, and the University Registrar, will be provided to the faculty at the regular April monthly meeting. Faculty will vote at this meeting and the list of students recommended for graduation will then be provided to the Dean and the Provost.



4.2: PARTICIPATION IN GRADUATION CEREMONIES

POLICY 4.2

Volume 4, Graduation

Chapter 2, Participation in Graduation Ceremonies

Responsible Executive: Dean

Approved: June 14, 2007

REASON FOR POLICY:

The College must certify that its graduates have completed all requirements of the College and University. At the same time, the College wishes to allow students who are close to completion the opportunity to participate in this important ceremony with classmates.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Department Heads, Faculty
- University Registrar
- Students

POLICY STATEMENT:

Students who have met all graduation requirements are expected, as part of their duty as a professional, to participate in graduation ceremonies.

A student who has not met all graduation requirements as of June 1, but is in good academic standing and is anticipated to complete all requirements by December 31, will be permitted to participate in graduation ceremonies with his/her class. However, participation does not signify that a degree has or will be granted and a diploma will not be released until all requirements have been met. A student who elects to participate in ceremonies but who has not completed all graduation requirements will be required to sign a document (sample attached) indicating understanding of this policy and agreeing not to represent himself/herself as having graduated until the diploma has been released.



VOLUME 5: RESEARCH

5.1 SUPPORT OF STUDENTS TO ATTEND RESEARCH MEETINGS

POLICY 5.1

Volume 5, Research

Chapter 1, Support of Students to Attend Research Meetings

Responsible Executive: Research Director

Approved: May 1, 2007

REASON FOR POLICY:

It is to the benefit of students, the College, and the University to encourage and support students to participate in research and to present their findings at research meetings. At the same time, funding is limited and there must be an equitable process for determining who should be supported to attend and present at such meetings.

WHO SHOULD READ THIS POLICY:

- Research Director
- Department Heads, Faculty
- Students

POLICY STATEMENT:

The College will budget annually for the support of osteopathic medical students to present research at local, national, or international meetings. Distribution of funds will be governed by a selection process on a first-come basis. Requests for travel support may be submitted once presentation abstracts are accepted, but not before. The following rules will apply:

- Only one student will be funded per presentation. Typically, that will be the first author. Another student author may be funded, with approval of the Research Director, if the first author cannot attend.
- Students must be in good academic standing in order to apply for support to present research.
- Any individual student will typically be funded for a maximum of one meeting per year.



TOURO UNIVERSITY

C A L I F O R N I A

- A student wishing to be funded to attend a meeting must present a request in writing, including the abstract and details of the meeting as per the standard TU-C Travel and Conference Request form, to the Research Director.
- The Research Director will make a funding decision, based upon quality of the research, impact of the meeting, and availability of funding. Funding for international travel is likely to be very limited and, therefore, requests for such travel will be subject to particularly rigorous review.
- Students who are approved through this policy to present their research will be required to give their oral presentation or show their poster to the campus community prior to attending the meeting.
- Expense coverage includes economy airfare, cost of poster production (if applicable) and Touro College standard levels for meals, lodging and ground transportation.



5.2: INTERNAL DEADLINES FOR GRANT APPLICATIONS/PROPOSALS

POLICY 5.2

Volume 5, Research

Chapter 2, Internal Deadlines for Grant Applications/Proposals

Responsible Executives: Associate Dean for Research, Dean

Approved: May 8th, 2009

REASON FOR POLICY:

Applicants should expect to allow the SO (signing official), the CFO, Facilities and MIS sufficient time to review and approve applications prior to agency deadlines, especially when they require subcontracts. Increased regulatory requirements and proliferation of electronic submission systems have created the need for additional processing time.

Please note that the deadline for applications noted below represents a minimum requirement for applications to reach the SO and the CFO. We strongly encourage you to submit your application as soon as possible.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Research Director
- Fiscal Officers
- Program Directors, Department Chairs, Faculty

POLICY STATEMENT:

Internal Deadlines for Grants.gov and other Electronic Applications

1. Effective July 1st, 2009, applicants should advise the SO, CFO and MIS that *they intend* to submit a grant at least *4 weeks* prior to the agency deadline. This allows for ample time to prepare for contingencies (e.g.: SO or CFO accrued vacations, etc.). It permits MIS to meet with the investigator to ensure that the applicant workstation has all of the requisite applications installed to support the application (.pdf writer, etc.), to confirm no firewall restriction on downloading or uploading documents in proprietary formats and to identify critical milestones in the application process that may require a technician's immediate availability.



2. Applications (or at minimum, the *specific aims, budget, sub contract information, personnel information*) requiring electronic submission must be fully completed, routed, and submitted to SO and the CFO at least five (5) business days prior to the sponsor submission deadline. If the project requires computers, special software or equipment where IT or Facilities service is critical, the appropriate documents must be sent to the MIS and Facilities on the same deadline. The full application should be submitted to the SO and CFO at least two (2) business days prior to the sponsor submission deadline.



5.3: RESEARCH SPACE AND RESOURCES ALLOCATION AT TUCOM

POLICY 5.3

Volume 5, Research

Chapter 3, Research Space and Resources Allocation at TUCOM

Responsible Executive: Dean

Approved: June, 2011

REASON FOR POLICY:

Enhancing the success of the COM in all of its missions requires optimal utilization of institutional assets. One such asset is the space that the COM provides to its research community. It is imperative that the COM and the University appropriately manage space in order to augment the institution's overall success in research. The purpose of this policy is to provide management guidelines for optimal research space utilization. The effective utilization of research space at the COM and at the TU-CA is the ultimate responsibility of the Dean and the Provost.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Faculty conducting bench research

POLICY STATEMENT:

SPACES:

1. To hold bench spaces in TUCOM laboratories, faculty members must demonstrate research productivity, which will be evaluated using the rubric on page 4 of this policy.
2. The rubric incorporates major outcomes of productivity, as a ratio of the time the space has been used and the percentual FTE dedication to research as per their contract/and or task assignments by Chairs and Dean
3. A research space productivity index (RSPI), which measures both a rolling three year average and, for extramurally funded faculty, a current year measure of direct plus indirect (D+I) income divided by assignable square feet of research space, will be calculated on an investigator as per the attached rubric.



4. Extramurally funded faculty members have priority over space allocation depending on their 3-year productivity as per the rubric.

RESOURCES:

1. When in conflict, and provided the resource is critical for compliance with the granting agency requirements for a particular project, extramurally funded faculty have priority over resource allocation (freezer spaces, time using equipment, cell culture) over other faculty depending on their 3-year productivity as per the rubric
2. Researchers are expected to solve these disputes collegially at their level.
3. The Associate Dean in consultation with Dean and/or Chair will intervene if disputes between researchers cannot be solved at the collegial level.

POLICY IMPLEMENTATION:

1. The productivity of the faculty members that hold research space at TUCOM will be assessed using the rubric and information provided by the faculty members for the Annual Reports and an RSPI will be calculated for each as well as the average, median and mean for the college.
2. The number of years holding the space and the percentage of FTE dedicated to research will be factored in the assessment
3. When faculty members obtain extramural grants and therefore need to expand their research efforts, those faculty members that, according to the rubric, have the least productivity will liberate those spaces. Other faculty members may temporarily accommodate them in a shared space.
4. The target RSPI will be determined based upon historical performance and national norms for like schools. For extramurally funded faculty (PI and co-PI) a R01 NIH grant will allow for a maximum laboratory space of 1,000 square feet, until new buildings are constructed. RSPI will. The RSPI will be assessed every 2 years for all faculty and provided to the relevant leadership of each of these entities for information and action as appropriate.
5. Any investigator that is at the bottom 33% of the RSPI as compared to the others will trigger an institutional review of the space utilization
6. The Dean or the Provost has the option of reassigning research space to faculty in the in order to meet the school specific RSPI. He/she has the option of reassigning space to highly productive faculty in the school
7. The institution will hold the Dean and Associate Dean accountable for meeting the school-specific RSPI.



8. Space allocated to newly hired Assistant Professors with start up funds will not be counted in the School specific RSPI for the first two years of their appointment provided that grants are being submitted and scored. All funding procured by the faculty member should be considered in the case of starting faculty.
9. For new faculty with bench research commitment/assignments in their contracts and hired at the Associate Professor and Professor levels, they are expected to be at the 50th percentile of the school specific RSPI upon hire and have two years to reach the school specific RSPI.
10. For new space needs, departments will submit yearly requests and justification for changes in space allocation to the Deans who will copy these requests to the Provost, Senior Provost. The Dean's or Provost offices will prioritize requests using the RSPI.
11. Research space productivity as reported to and informed by the Associate Dean will be used as part of the Chair/Dean evaluation system and by the R and P Committee.
12. To the extent of our possibilities and provided this does not have a negative impact on projects that obtain extramural funds, faculty with recently allocated spaces may hold them for 2 years and after that, space allocation will follow the same criteria as everybody else: only if their productivity (as compared to other faculty members as judged by the same rubric), permits.
13. The decision will be taken by the Dean of the College in agreement with recommendations of the Associate Dean for Research.

LIMITS TO POLICY:

1. If multiple NIH R01 awards are obtained by the same PI, the space distribution may be revised. The Dean has the option of reassigning research space to faculty in alignment with the school strategic plan. He/she has the option of reassigning space to highly productive faculty in the school.
2. This policy will be revisited when more research space is built at TU-CA campus.

RUBRIC:

RESEARCH SPACE PRODUCTIVITY INDEX (RSPI)

Being a PI or Co-PI in extramural grants from federal funding agencies administered by Touro (indirect costs) and needing bench space, automatically guarantees a maximum of 1,000 sq. feet for R01 or equivalent and up to 600 sq. feet for R15, 21 and equivalents for the duration of the grant.



PRODUCTIVITY EVALUATION FOR FACULTY WITH BENCH SPACE AND NO EXTRAMURAL GRANTS

ITEM	Peer reviewed Publications	National and international presentations (journal published abstracts)	National and international presentations abstract book	Students mentored	Master students	Submitted extramural grants as PI NIH NSF	Submitted extramural grants as PI others	Submitted extramural grants as co-PI	Intramural grants received OR	Intramural grants Final report submitted as requested
Points	10 each	2 each	1 each	4 each	5 each	10 each	5 each	2 each	4	8
Total										

1. POINTS are DIVIDED BY NUMBER OF YEARS THE SPACE HAS BEEN HELD BY THE FACULTY MEMBER
2. POINTS are DIVIDED BY % FTE DEDICATED TO RESEARCH



VOLUME 6: DUAL DEGREE PROGRAMS

6.1: ACADEMIC STANDARDS FOR DO/MPH STUDENTS

POLICY 6.1

Volume 6, Dual Degree Programs

Chapter 1, Academic Standards for DO/MPH Students

Responsible Executive: Dean

Approved: May 2, 2007

REASON FOR POLICY:

The College must establish and publish standards of satisfactory academic progress for all of its programs.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans (College of Osteopathic Medicine)
- Dean, Director of MPH Program (College of Health Sciences)
- Department Heads, Faculty of both Colleges
- University Registrar
- Students enrolled in DO/MPH Program

POLICY STATEMENT:

Students enrolled in dual degree programs must maintain satisfactory academic progress and programmatic requirements as defined for each individual program.

Additionally, for students enrolled in the DO/MPH program:

- Any failure in a course within either program will result in placement on Academic Probation and review by the Student Promotions Committee for that specific program. Students will remain on academic probation until the failure is remediated. Remediation may involve re-examination, additional assignments, or repeat of the course, as determined by the Committee.
- Any failure to maintain a cumulative percent average of 80% in the MPH program and 75% in the DO program will result in placement on Academic Probation. The student will have one academic session within which to achieve



TOURO UNIVERSITY

C A L I F O R N I A

the required cumulative average as designated by the program. If this is not achieved, the student will be reviewed by the appropriate program's Student Promotions Committee. Consequences may include, among others, an additional session to bring up the cumulative average to the specific program's required average, suspension from the program until further remediation is completed, or dismissal from the program.

- Failure in one program will not preclude continuation in the other program.

Both DO and MPH programs will appoint a faculty liaison to participate as a member on the other program's Student Promotions Committee for consideration of dual degree students. Program Directors will consider all facts and make a recommendation to the Dean of the College of Health Sciences/College of Osteopathic Medicine, whose decision will be final.



VOLUME 7: FACULTY

7.1: FACULTY DEVELOPMENT PERFORMANCE EVALUATION PROCESS

POLICY 7.1

Volume 7, Faculty

Chapter 1, Faculty Development Performance Evaluation Process

Responsible Executive: Dean

Approved: September 26, 2008

REASON FOR POLICY:

The College should strive to continually improve the quality and effectiveness of Faculty Development initiatives by monitoring attendance and outcomes, and using feedback from participants to plan future sessions.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Faculty Members
- Administrative Staff responsible for processing data

POLICY STATEMENT:

The faculty of the COM will be notified of upcoming faculty development opportunities by appropriate means, and always by email. Attendance will be recorded. Attendees will have an opportunity to provide feedback on the session using the attached instrument.

When possible, forms should be filled out immediately following the session, before attendees depart, and delivered to the Administrative Assistant for Preclinical Education and Academic Affairs for processing. Otherwise, completed forms should be delivered to the Administrative Assistant for Preclinical Education and Academic Affairs within three business days of the session.

Electronic and paper copies of the email announcement of the session, the attendance log, the tabulated evaluation results, and transcribed comments are kept in the office of the Curriculum Director. Evaluation results are delivered to the presenter. Results of the needs assessment and evaluation are available for planning future sessions.



7.2: PERFORMANCE EVALUATION PROCESS FOR ADJUNCT FACULTY DEVELOPMENT AT AFFILIATE SITES

POLICY 7.2

Volume 7, Faculty

Chapter 2, Performance Evaluation Process for Adjunct Faculty Development at Affiliate Sites

Responsible Executive: Dean

Approved: September 26, 2008

REASON FOR POLICY:

Delivery of a high quality program of clinical rotations that uniformly meets the educational goals and objectives set by the College requires development of a faculty skilled in teaching and knowledgeable regarding the intended outcomes.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Directors of Medical Education at Affiliated Sites
- Adjunct Faculty Members

POLICY STATEMENT:

Adjunct clinical faculty will be notified of upcoming faculty development opportunities by appropriate means, and always by email. Attendance will be recorded. Attendees will have an opportunity to provide feedback on the session using the attached instrument.

Forms will be filled out immediately following the session, before attendees depart. Completed forms will be collected by a representative of the college that attended or delivered the session, and conveyed to the Administrative Assistant for Preclinical Education and Academic Affairs for processing.

Electronic and paper copies of the email announcement of the session, the attendance log, the tabulated evaluation results, and transcribed comments are kept in the office of the Curriculum Director. Evaluation results are delivered to the presenter. Results of the needs assessment and evaluation are available for planning future sessions.



7.3: FACULTY DEVELOPMENT FOR AFFILIATE SITES AND ADJUNCT FACULTY

POLICY 7.3

Volume 7, Faculty

Chapter 3, Faculty Development for Affiliate Sites and Adjunct Faculty

Responsible Executive: Dean

Approved: October 7, 2008

REASON FOR POLICY:

The College must assure that faculty teaching Touro University College of Osteopathic Medicine (TUCOM) students are oriented to the curriculum, mission and goals of the college and that they have skills in teaching and assessing Osteopathic Medical Students.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Directors of Medical Education at Affiliated Sites
- Adjunct Faculty Members

DEFINITIONS:

Core Clinical Rotations are those third and fourth year rotations specifically required for graduation.

Comprehensive Core Rotation Site is a site or coordinating educational consortium where students do core clinical rotations and that has two or more rotations available to TUCOM students.

Limited Core Rotation Site is a site where students do one core clinical rotation

POLICY STATEMENT:

Opportunities will be made available for faculty of TUCOM to improve their teaching skills, knowledge of the TUCOM curriculum, understanding of formative and summative assessment of Osteopathic Medical Students and understanding of expectations for adjunct and core faculty. These opportunities may take the form of activities offered with a distance learning technology (such as Blackboard or WebEx



TOURO UNIVERSITY

C A L I F O R N I A

courses), programs taught at the affiliate sites, or programs offered on campus or at national meetings convenient for adjunct faculty to attend. These will be offered at least annually.

An annual survey of faculty development needs will also be circulated to all faculty, including adjunct faculty, to help guide planning and preparation of programs for the adjunct and core faculty and affiliate sites. Topics and objectives for faculty development activities may also be suggested by perceived needs reflected in student learning progress or exam performance, or development of new aspects or approaches in the curriculum.

These faculty development opportunities will use the same evaluation and attendance process used for faculty development activities for the core faculty.



7.4: ADJUNCT FACULTY APPOINTMENTS

POLICY 7.4

Volume 7, Faculty

Chapter 4, Adjunct Faculty Appointments

Responsible Executive: Dean, Senior Associate Dean, Associate Dean for Clinical Education, Department Chairs

Approved: February 20, 2013

REASON FOR POLICY:

Outside professionals often express their wish to be affiliated to the COM to provide instruction, participate in research and serve as an education, clinical and scientific resource for students, colleagues and the community. The reason for this policy is to provide guidelines for the appointment of adjunct faculty.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Academic Council
- Course Coordinators
- Faculty

POLICY STATEMENT:

Adjunct faculty enrich TUCA COM's academic life and community commitment; thus, the college provides an academic niche for outside professionals whose expertise, knowledge and services add to those of regular faculty. Adjunct faculty are volunteer professionals who offer their time and service in the form of guest lectures, clinical training, etc. Adjunct faculty must have similar or higher knowledge, credentials, expertise and qualifications as those of regular faculty, must abide by University policies and may avail themselves of academic and research resources and facilities as approved by Department Chairs and the Dean. Typically, adjunct faculty are not salaried and do not have the rights and privileges of regular faculty. Adjunct faculty appointments do not go through a formal search, are non-salaried and may or may not be compensated with an honorarium. This policy applies to unpaid Global Health and international adjunct faculty affiliated with TUCA COM.

Adjunct faculty appointments are effective for three years and may be renewed subsequently. Appointments may be terminated at any time by the Dean. Adjunct



faculty are appointed to a Department under the supervision of the Chair or appointee, who will identify the extent and types of services provided by the adjunct faculty and will provide the necessary administrative management pertaining to the Adjunct Faculty appointment. Adjunct Faculty track and rank appointments are governed by TUCA COM's Faculty Handbook.

To appoint Adjunct Faculty, the Department Chairs identify and nominate candidates after reviewing their CV and credentials and requesting input from faculty members for track and rank appointment. If the candidate is acceptable, the CV is forwarded to HR for verification of credentials as needed and creation of an official faculty file. After HR approval, the Dean reviews the documentation and issues the respective letter of appointment.

Adjunct faculty are subject to the general rules of faculty conduct contained in the University Faculty Handbook. Adjunct faculty members shall have appropriate academic qualifications and experience. They shall receive appropriate information concerning institutional policies, procedures, expectations and available support, as well as information about their duties and responsibilities and specific information about course content, syllabi, methodologies, and expected learning outcomes for students.

Adjunct faculty members shall be evaluated regularly (at least on an annual basis). Such evaluation will be a basis for possible continuing appointment. Part-time and adjunct faculty members should receive mentoring and other appropriate assistance from full-time faculty members and academic administrators, as well as opportunities to participate in professional development activities.

The following documents are required for Verification of Faculty Credentials:

- Faculty information sheet (all faculty--provided by HR)
- CV (all faculty)
- Appointment letter (as directed by the Dean)
- Employment Application (as directed by the Dean)
- License verification (all faculty).
- Degree for Master's or doctoral degrees in academic fields
- Driver's license*
- Social Security card or Passport*
- I-9 (eligibility for employment)*
- W-4 (withholding allowances)*



- W-9 (as appropriate for honoraria)*

*not required of non-paid adjuncts

Department Chair and College Dean are notified of any notations or infractions on license

The Department Chair will submit the adjunct faculty CV with a cover letter to the Dean describing:

- Name and credentials of the adjunct faculty candidate
- Appointment rank and track
- Justification for appointment
- Time and activity commitment
- how the adjunct faculty member will not replace or displace other faculty member's regular workload or adversely affect FTE positions of other departments
- supervision and evaluation of activities
- Prerogatives the adjunct faculty will gain from his or her services in terms of using TUCA COM facilities, amenities and resources, such as:
 - access to the library collection
 - a Touro ID and email address
 - acknowledgement of affiliation and service
 - access to faculty development activities
 - CME credits
 - Parking privileges

The Dean will review and discuss the appointment with the Academic Council and if the request is approved will:

- issue an appointment letter stating rank, track and term of service

If the request is declined the Dean will:

- issue a refusal letter

This policy was reviewed by TUCA COM Faculty Senate members and approved by the Academic Council.



7.5: LENGTH OF FACULTY CONTRACTS, INITIAL AND RENEWED

POLICY 7.5

Volume 7, Faculty

Chapter 5, Length of Faculty Contracts, Initial and Renewed

Responsible Executive: Dean

Approved: August 19, 2009

REASON FOR POLICY:

This policy is established to define the length of contracts that may be offered to TUCOM faculty upon initial appointment or upon renewal of contract. The policy for the College of Osteopathic Medicine must be consistent with that in the current Faculty Handbook

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Department Chairs
- Faculty

POLICY STATEMENT:

Upon initial hiring, faculty with FTE equal to or greater than 0.5 FTE will be offered contracts of the following length:

- a) Instructors and Assistant Professors: one year
- b) Associate Professors: one year, with an option for two years
- c) Professors: one year, with an option for up to three years

Any exception to the above, as well as any initial contract of greater than one year in length, must be justified by the Department Chair into whose department the faculty is being hired and must be approved by the Dean before being presented to the individual being hired.

Faculty whose initial contract is due for renewal will be offered contracts of the following length:

- a) Instructors: one year.
- b) Assistant Professors: one year, with an option for two years.



TOURO UNIVERSITY

C A L I F O R N I A

Associate Professors: same as original contract (i.e., one or two years), with an option for three years.

c) Professors: same as original contract (i.e., one to three years), with an option for up to five years.

Contract renewals must be justified by the Department Chair through the provision of supporting annual faculty evaluations and must be approved by the Dean before being presented to the faculty member.



7.6: PARTICIPATION IN FACULTY DEVELOPMENT AND ASSOCIATED RESPONSIBILITIES AND OBLIGATIONS

POLICY 7.6

Volume 7, Faculty

Chapter 6, Participation in Faculty Development and Associated Responsibilities and Obligations

Responsible Executive: Dean

Approved: September 23, 2009

REASON FOR POLICY:

This policy is established to define the responsibilities and obligations of those attending Faculty Development programs that are paid for by TUCOM. It is consistent with language in the current Faculty Handbook.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Department Chairs
- Faculty

POLICY STATEMENT:

Faculty development is essential for the professional growth of the faculty member as well as the program and, to that end, the College provides funding and time for faculty to attend courses, conferences, workshops, seminars and similar activities, or to participate in sabbaticals, all based upon budgetary and academic planning. Faculty must request such leaves and follow all the policies delineated in the current Faculty Handbook.

Generally it is advisable and expected that faculty share information gained at faculty development sessions with colleagues, as that is a way in which the benefit of such programs can extend to colleagues and to the College as a whole. This would apply to most annual meetings, workshops, seminars, etc., and can be accomplished informally or formally through scheduled faculty development presentations, as appropriate.

However, there are some programs of an extended nature – whether they be courses or sabbaticals – for which the College invests considerable funds and for which the College must cover the absence of the individual by additional hiring or by asking the



remaining faculty to take on additional tasks. For that reason, the College will apply a policy modeled after and consistent with that already in place for sabbatical leave as set forth in the Faculty Handbook. One example of a program that will be subject to this policy is the Costin Institute, but any such course requiring an extended obligation may do so as well and a decision on whether the program fits within the policy will be made on a case-by-case basis. Such programs are granted as a privilege and not as an automatic right. Specifically:

- Only full-time faculty members may be approved for such programs.
- Faculty must have been employed by the university continuously and on a full-time basis for a minimum of two years (six years for a sabbatical leave).
- Application to attend must be submitted no later than January 1 preceding the academic year in which the faculty member will be attending the program or commencing the sabbatical. This does not apply to routine activities such as annual meetings and continuing medical education.
- Approval to attend must be granted by the Department Chair, the Dean and, in the case of a sabbatical, by the Provost or Chief Executive Officer, taking into account personnel and budgetary considerations.
- A sabbatical leave may be granted for one-half year at full salary or one year at half-salary.
- Within three months after completion of the course/program or return to the University, the faculty member must present a written report to the Dean describing his/her professional or academic activities during the approved faculty development program. At the discretion of the Dean, faculty members may also be required to give a presentation describing the program that was attended and how information gained may be applied and benefit other faculty and the College as a whole.



7.7: FACULTY BENEFITS

POLICY 7.7

Volume 7, Faculty

Chapter 7, Faculty Benefits

Responsible Executive: Dean

Approved: December 16, 2009

REASON FOR POLICY:

Full-time TUCOM faculty who perform clinical service on behalf of Touro should be provided with the benefit of payment for those licensures and memberships which are critical to their function. In addition, all full-time faculty should be supported in their continuing professional development to at least a partial degree and in a manner that is equitable for all.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Faculty

POLICY STATEMENT:

Regular Clinical Faculty (0.5 FTE or greater) shall receive the following annual benefits paid in full by the University:

- California medical license
- DEA license
- AOA or AMA membership dues
- OPSC dues, for osteopathic physicians
- Dues for one specialty organization of the faculty's choice
- Medical Liability Insurance, as further described in Policy 9.1

Basic Science Faculty (0.5 FTE or greater) shall receive the following annual benefits paid in full by the University:

- Dues for one specialty organization of the faculty's choice



TOURO UNIVERSITY

C A L I F O R N I A

All full-time faculty, in addition, shall be entitled to attendance at a continuing medical education or professional development conference, of their choosing, on an annual basis. This will be reimbursed up to an amount to be determined annually and applied equally for all full-time faculty. This benefit does not include attendance at meetings that are at the request of the university or the college administration, which are reimbursed separately.

Any requests for professional leave must also be in accordance with the provisions of the Faculty Handbook.

Any exceptions to the above basic faculty benefits may only be considered as part of a faculty member's initial or renewal contract.



7.8 FACULTY TRACKS AND DEFINITIONS

POLICY 7.8

Volume 7, Faculty

Chapter 8, Faculty Tracks and Definitions

Responsible Executive: Dean

Approved: January 20, 2010

REASON FOR POLICY:

Faculty categories (tracks) and definitions of full-time and part-time faculty vary according to the agency or organization requesting the information and the purpose of the information. Therefore, it is necessary to have a glossary and explanation of each track and definition, according to the purpose or agency it serves.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Faculty

POLICY STATEMENT:

- 1) Faculty Tracks to which TUCOM faculty may be assigned, as defined by the TUC Faculty Handbook. Faculty are classified as follows, for the purpose of faculty appointment at TUC.

Clinical Science Track

Regular Clinical Faculty

Regular clinical faculty members are employed full-time or part-time in the capacities of teaching, university service, scholarly activity and/or clinical patient care responsibilities. Assignment of rank is at the level of Assistant Professor, Associate Professor or Professor.

Adjunct Clinical Faculty

Adjunct (non-regular) clinical faculty members are appointed to teaching positions if they provide instructional service to TU - California classes on an irregular basis at affiliated hospitals, clinics, and other training institutions, based on academic need, and are generally non-salaried. They function in clinical roles at off campus (non-University operated)



sites and are not routinely involved in on campus instruction. Assignment of rank in this track is at the Adjunct Assistant Clinical Professor, Adjunct Associate Clinical Professor or Adjunct Clinical Professor level. Ranking in an Adjunct appointment is not transferable to a Regular Clinical Faculty track. Continued appointment is reassessed on a regular basis.

Basic Science Track

Regular Basic Science Faculty

Regular Basic Science Faculty members are appointed full-time or part-time in the capacities of teaching, scholarly activity and/or research and institutional service, appointment levels are at the level of Assistant Professor, Associate Professor and Professor.

Adjunct Basic Science Faculty

Adjunct Basic Science Faculty members are appointed to the rank of adjunct (non-regular) faculty. Members are appointed to teaching positions if they provide instructional service to TU – California classes on an irregular basis. They are generally non-salaried. Adjunct faculty in the basic sciences includes those individuals who provide special topic lectures or seminars, for example, but who do not staff a course for its duration. Adjunct professors are ranked at the Adjunct Assistant Professor, Adjunct Associate Professor and Adjunct Professor levels. Ranking in an Adjunct appointment is not transferable to a Regular Basic Science Faculty track.

Academic Track

Regular Academic track faculty are faculty members who do not appropriately belong in the Basic Science, Clinical, Library, or Research tracks but are appointed full-time or part-time in the capacities of teaching, scholarly activity and/or research, curriculum design and evaluation, or institutional service, Appointment levels are at the level of Assistant Professor, Associate Professor and Professor.

Research Track

Research Faculty

Research (non-regular) faculty members are employed in the capacity of Research Track Scientists. Assignment of rank is at the level of Postdoctoral Fellow, Research Assistant Professor, Research Associate



TOURO UNIVERSITY

C A L I F O R N I A

Professor, or Research Professor. Holders of these positions have a primary responsibility to do research. This position is usually dependent upon outside funding. Research faculty may teach in lecture and/or laboratory settings, and in both basic and clinical sciences.

Instructors

Instructors may teach students in both lecture and laboratory settings, and in both basic and clinical sciences. Instructors are not required to have previous teaching experience at the university level. Instructors are not required to conduct research or to practice in clinical settings but are expected to participate in university service if they are employed full-time. Instructors may be regular or non-regular, salaried or non-salaried. Instructors are eligible for promotion by application for available regular faculty positions.

Emeritus Faculty

The rank of Emeritus Professor is appointed without salary to retired individuals who have served TU – California at the rank of Full Professor for more than five years and have demonstrated exemplary accomplishments in the capacities of education, scholarship and service. An Emeritus Professor is appointed by the Deans and the CEO/Provost.

2) Definition of Full-time and Part-time

- a) for purposes of eligibility for many TUC benefits, including eligibility for health insurance, COBRA, dental and vision insurance, life insurance and other benefits listed in the TUC Faculty Handbook. However, note that vacation leave, sick leave and personal leave are not included in this category but are covered in section 2b below.

Full-time = 0.5 FTE or greater

Part-time = less than 0.5 FTE

- b) for purposes of eligibility for TUC vacation leave, sick leave, and personal leave. These benefits are extended to employees who are 0.5 FTE or greater but are prorated. Therefore:

Full-time = 1.0 FTE

Part-time = greater than 0.5 FTE and less than 1.0 FTE



- c) for purposes of FTE count for AACOM, COCA, or other staffing or accreditation considerations.

Background: Full-time is generally based on a 40 hr. work week, 52 weeks per year, therefore 2080 hours per year. At TUC, there is a 38 hour work week, therefore 1976 hours per year.

AACOM regards anyone as full-time who works at least 1500 hours per year for the college. That is approximately 0.75 FTE. Therefore, for the purposes listed in this category:

Full-time = 0.75 FTE or greater
Part-time = less than 0.75 FTE



7.9: ANNUAL REPORTS

POLICY 7.9

Volume 7, Faculty

Chapter 9, Annual Reports

Responsible Executive: Dean

Approved: May 5, 2010

REASON FOR POLICY:

Annual reports provide the department heads and senior administration with updated information on departmental progress in achieving goals, as well as critical barriers to achievement of those goals. This, in turn, provides the basis for future strategic planning, including goal-setting, needs assessment and budgetary planning. In addition, the annual reporting mechanism is the university means for collecting data on achievement of university student learning outcomes.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads

POLICY STATEMENT:

Department Chairs, Assistant Deans, Associate Deans, and the Senior Associate Dean will provide to the Dean of the College an Annual report by September 15 of each year. They will obtain information from members of their departments, as needed, to complete these reports. Annual reports should include the following sections, as appropriate for the department from which they are provided:

- Achievements of the past year, including progress in achieving goals set in previous year's report
- Barriers to success in achieving goals
- Needs assessment for subsequent year, to include positions needing to be filled, additional space or facility needs, capital needs, and major purchases of equipment, including technology or supplies, with estimated costs.
- Goals for subsequent year
- Data on achievement of student learning outcomes, with analysis, as requested by university Director of Institutional Research.



7.10: VISA POLICIES FOR RESEARCH PERSONNEL AT TUCOM

POLICY 7.10

Volume 7, Faculty

Chapter 10, Visa Policies for Research Personnel at TUCOM

Responsible Executive: Dean

Approved: October 14, 2010

REASON FOR POLICY:

To enhance the research endeavors, productivity and growth of the extramural grant program at TUCOM and ultimately generate revenue to sustain the program.

- a. Many qualified applicants for research personnel do not hold US residency.
- b. If no qualified US residents apply, it is necessary to hire foreign personnel (postdoctoral and above)
- c. Visas are therefore required for research personnel
- d. Lack of policy delays hiring and personnel decisions and affects recruitment and retention
- e. Until five applications are presented per year, TU is not allowed to issue J1 visas, and H1B visas are expensive and time consuming

WHO SHOULD READ THIS POLICY :

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Faculty conducting research as funded principal investigators
- Director of Human Resources
- Chief Financial Officer

POLICY STATEMENT:

1. To qualify for a visa as a researcher at TUCOM
 - a. Individual must have terminal degree (D.O., M.D., D.V.M or Ph.D.)
 - b. Individual must be deemed essential to lab operations
2. Outline of policy



TOURO UNIVERSITY

C A L I F O R N I A

- a. Once an individual is identified, no suitable US citizen resident applies, the University shall assist in procuring the necessary visa (typically H1B) for a visiting postdoctoral fellow / research associate. This assistance shall take the form of
 - i. Letter proving employment
 - ii. Funds for H1B procurement
 - iii. Legal services for H1B procurement.
 - b. If an individual is already a member in good standing of TUCOM, has made outstanding contributions and visa issues arise, the university shall assist in extension of the visa. This may include:
 - i. Extension of H1B
 - ii. Sponsoring of O1 visa
 - iii. Sponsoring of green card application
3. Source of funds for visa procurement may include:
- a. Indirect funds from the P.I.'s funded project, or
 - b. Other source from TU. Institutional funds may be used, based on information provided regarding the individual's qualifications, the source of the salary line, and the needs and standing of the PI.
4. Limits to policy:
- a. This policy should be revisited when TU is able to offer the J1 visa.



7.11: COMMITTEE FORMATION

POLICY 7.11

Volume 7, Faculty

Chapter 11, Committee Formation

Responsible Executive: Dean and Academic Council Members

Approved: January 11, 2012

REASON FOR POLICY:

TUCOM appoints standing and special committees to assess and recommend actions on organizational, administrative, academic and other relevant issues pertaining to the daily life and operation of the College. Committees serve to bring faculty representation and governance to administrative and academic decisions relevant to faculty, staff and students. They also serve to develop consensus and issue recommendations on important issues, including the need for policies and procedures.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Academic Council
- Course Coordinators
- Faculty

POLICY STATEMENT:

Committee Formation:

TUCOM Committees are appointed or dissolved by the Academic Council, in response to organizational and academic needs, as well as to accreditation requirements. All TUCOM Committees are accountable before and report to the Academic Council. The purpose and scope of responsibility of the committee will be included in initial notice of formation. These will be clarified in the by-laws of the committee.

The exception to the above is the Academic Council, which is appointed or dissolved by the TUCOM Dean.

Soon after formation each committee will develop official bylaws to describe their scope and function. These bylaws will be completed no longer than 60 days after formation of



the committee and will include a description of the committee functions. The committee approved bylaws will be submitted to the Academic Council for final approval. Between formation and final approval of the bylaws the committee will function under TUCOM procedures and policies, as instructed by the Committee Chair. For re-appointed meetings, the bylaws will be reviewed, amended if needed and approved by the Academic Council or Dean within 60 days of the first meeting.

Committee bylaws will include as a minimum: purpose, membership (including delineation of voting and non-voting members), committee governance (must include at least Chair), requirement for minutes, definition of a quorum, policies and procedures.

Committee types:

Committees may be standing or special (ad hoc). Standing committees are permanent committees. Special committees are temporary and respond to needs that require special expertise and limited time. The academic council will develop and revise committees' bylaws and membership annually in June.

Committee membership and tenure:

Committees consist of a Chair and voting or non-voting members and whenever possible will be staffed by an administrative assistant. Committees' membership is at the discretion of the Academic Council. Members will be identified at initial appointment of the committee and will be reviewed and appointed/reappointed every year in June. Non-performance at any time during the year, as determined by the Academic Council, will be grounds for removal from membership of a committee.

The Dean's office will issue a committee appointment letter to each member who is selected to serve in the committee or a service discharge letter acknowledging the member's time of service in the committee. Appointment time periods will be decided by the academic council. Unless specifically directed by the Dean, all faculty are expected to serve on at least one and no more than 4 committees simultaneously.

The Academic Council or designee will maintain a complete list of official Committees (TUCOM, TU-CA and Touro System) and committee membership. This will be included in a report to the Dean Annually.



Committee responsibilities:

The committee will request and receive agenda items from constituencies appropriate for that committee. These may include; administrators, committee chairs, course coordinators, faculty and students. The chair will review agenda requests and develop and circulate an agenda before each meeting. Though not required, typically this will be more than 24 hours prior to the meeting. She or he will be responsible for minutes being kept and will submit these within one week of the committee's meeting date to the Dean's office or designee. In the event no administrative assistant is available the Chair will ask members to take write and submit minutes. Each committee will meet to develop an annual meeting calendar that will be posted and shared by the end of August. The committee chair will keep records of members' attendance and participation in meetings and will be responsible for developing bylaws and submitting them to the academic council for review and approval, as well as for identifying pending actions and following up on their fulfillment.

COM Committees 2016-17

Education/Curriculum

- Walter Hartwig (Chair)
- Glenn Davis
- Greg Gayer
- Nathalie Garcia-Russell
- Gail Feinberg
- Mitch Hiserote
- Phil Malouf
- Stacy Pierce-Talsma
- Mark Teaford
- Jennifer Weiss
- Catherine West
- 1 community physician (TBD)

Education sub-committees assigned by Dr. Hartwig with Dean approval

- **Analyze Subcommittee**
 - Glenn Davis (Chair)
 - David Eliot
 - Gloria Klapstein



TOURO UNIVERSITY

C A L I F O R N I A

- Audra Lehman
- Denene Lofland
- Nathalie Garcia-Russell
- Kim Pfothauer
- Joel Talsma
- Catherine West
- Ted Wong
- **Design Subcommittee**
 - Walter Hartwig (Chair)
 - Glenn Davis
 - Greg Gayer
 - Tami Hendriksz
 - Phil Malouf
 - Teresita Menini
 - Stacy Pierce-Talsma
 - Mark Teaford
 - Melissa Pearce
 - Eduardo Velasco
 - Jennifer Weiss
- **Change Subcommittee**
 - Eduardo Velasco (Chair)
 - Jay Shubrook
 - Andrea Taylor
 - Catherine West

Admissions*

- Walter Hartwig (Chair)
- John Glover/Mitch Hiserote
- Audra Lehman
- Denene Lofland
- Alan Miller
- Victor Nuno
- Barb Puder
- Alesia Wagner
- 2 from alternating Dean group (Buller, Velasco, Garcia-Russell, Riemer) 1 community physician

*those listed will constitute the committee, however, all COM faculty will participate in the admissions interviews. Three interviewers (one from general faculty or the community physicians, one from the committee and a



student) will interview the candidates and refer their recommendations to the committee.

Student Promotions

- Eduardo Velasco (Chair)
- Jon Forncrook
- Nathalie Garcia-Russell
- Tami Hendriksz
- Athena Lin
- Tina Mason
- Teresita Menini
- Victor Nuno
- Ted Wong

Professionalism

- Dick Riemer (Chair)
- JC Buller
- David Crotty
- Barb Puder
- Pat Rehfield
- Lisa Russell
- Bruce Silverman

Performance Improvement Committee (PIC)

- Alesia Wagner (Chair until Howard Feinberg can take over)
- Alissa Farrell
- Joy Dugan
- Howard Feinberg(Chair)
- Melissa Pearce
- Nicole Pena
- Patricia Rehfield

University Research (COM representatives)

- Tamira Elul (Chair)
- Miriam Gochin
- Evan Hermel
- Gloria Klapstein
- Shin Murakami



- Jean-Marc Schwarz
- Jay Shubrook
- Andrea Taylor

Inter-professional (COM representatives)

- Catherine West (lead representative)
- Georgia Allen
- Nathalie Garcia-Russell
- Grace Jones
- Eiman Mahmoud
- Clipper Young

Academic Council

- Dean (Chair)
- All Associate Deans
- All Assistant Deans
- All Department Chairs
- Curriculum Director



7.12: BOARD CERTIFICATION

POLICY 7.12

Volume 7, Faculty

Chapter 12, Board Certification

Responsible Executive: Dean, Department Chairs

Approved: November 13, 2013

REASON FOR POLICY:

The COM strives to maintain high professional standards for their faculty who provide clinical instruction and services on campus and at clinical sites. To this end, and to ensure consistency among COM Departments, the Board Certification policy is herein described.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Faculty

POLICY STATEMENT:

COM faculty with full or part time appointments who provide clinical services as physicians or serve as clinical instructors ("Faculty physicians") shall be board eligible or board certified to practice their primary specialty by the respective Board (American Board of Medical Specialties, American Osteopathic Association or other Specialty Certifying Boards). Faculty physicians shall maintain board certification in compliance with specialty board organization requirements.

A newly appointed faculty is required to be board eligible or board certified and is expected to -successfully complete requirements for Board Certification within two year of eligibility.

Adjunct faculty associated with the COM are not bound to this policy.

Expenses directly related to board certification for appointed faculty shall be covered by the COM.

Faculty members covered under this policy who fail to achieve or maintain board certification within the stipulated period may lose their appointment, at the discretion of the Department Chair and Dean of the COM.



TOURO UNIVERSITY

C A L I F O R N I A

Requests for postponement or exemptions to this policy, as well as appeals to adverse actions resulting from lack of compliance with this policy, must be directed to the Dean of the COM.



7.13: ADJUNCT FACULTY EVALUATION

POLICY 7.13

Volume 7, Faculty

Chapter 13, Adjunct Faculty Evaluation

Responsible Executive: Dean, Senior Associate Dean, Associate Dean for Preclinical Education, Associate Dean for Clinical Education, Department Chairs

Approved: September 21, 2016

REASON FOR POLICY:

It is essential that Touro University College of Osteopathic Medicine maintains the highest quality educational curriculum available to its students. It is essential, therefore, that all faculty are evaluated prior to hire (Policy 7.4), and are reviewed regarding their effectiveness in a systematic and objective manner. It is understood that adjuncts may be utilized differently in Primary Care, Clinical Education, Basic Science, Osteopathic Manipulative Medicine Departments; as well as for Clinical Rotations. However, it is essential that these adjuncts are vetted prior to hire and evaluated on a regular basis to maintain the highest quality of medical education that can be offered to our osteopathic medical students.

WHO SHOULD READ THIS POLICY:

- Dean, associate Deans and Assistant Deans of TUCOM
- Department Chairs
- Academic Council
- Course Coordinators
- Faculty
- Departmental Administrative personnel

POLICY STATEMENT:

Preclinical Education:

Primary Care, Basic Science & the Osteopathic Manipulative Medicine Departments:

- a. Adjuncts will be evaluated by the course coordinators at the end of each course as to their effectiveness in the classroom, usefulness, preparedness, timeliness and professional attitude in labs. This evaluation may consist



of direct observation, student evaluations of the adjunct and electronic survey (https://tuc.co1.qualtrics.com/SE/?SID=SV_bj85sei09ovfcLr, etc., and will be given to the Chair of the Department for review.

- b. Every three years, each adjunct will be asked to resubmit an updated CV, review of medical licensure and repeat a background check as continual quality measure.
- c. If there are quality issues that arise from these evaluative measures, the Chair will discuss these directly with the Dean, and the Dean will have ultimate decision regarding reappointment or continued appointment of the Adjunct.

Clinical Education:

For academic credentialing and appointment or approval of faculty involved in the teaching supervision and evaluation of TUCOM students on clinical rotations please see Policy 3.1 of the Clinical Rotations Manual.



VOLUME 8: COMMUNITY OUTREACH

8.1: SERVING IN EXTRACURRICULAR ACTIVITIES

POLICY 8.1

Volume 8, Community Outreach

Chapter 1, Serving in Extracurricular Activities

Responsible Executive:

Approved: March 9, 2016

REASON FOR POLICY:

This policy is needed to prevent academic performance decline while participating in extracurricular activities. Students that wish to participate in extracurricular activities must maintain a minimum level of academic competency as described below at all times or obtain permission from the SPC to continue.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Department Heads
- Course Coordinators
- Faculty
- Students

POLICY STATEMENT:

To serve in extracurricular activities, students must not be on academic probation, and must not demonstrate academic performance below -0.5 Z score in any two or more subdisciplines on block exams. The SPC may also identify students whose academic performance is deteriorating due in part to the time spent on extracurricular activities. Examples of extracurricular activities include, but are not limited to: serving as officers of any official University club, committee, or activity; representing the College in any campus organization, or off-campus conferences and events. The SPC will assess and decide whether students must discontinue their extracurricular activities. After demonstration of improved academic performance, the students who discontinued their extracurricular activities may meet with the SPC to discuss the possibility of



TOURO UNIVERSITY

C A L I F O R N I A

becoming involved again (including possibly being reinstated to leadership positions) in their extracurricular activities.



8.2: PARTICIPATION BY STUDENTS IN EXTRACURRICULAR HEALTH-RELATED ACTIVITIES - GUIDELINES AND APPROVAL PROCESS

POLICY 8.2

Volume 8, Community Outreach

Chapter 2, Participation by Students in Extracurricular Health-Related Activities - Guidelines and Approval Process

Responsible Executive: Senior Associate Dean

Approved: December 2, 2009

REASON FOR POLICY:

Students who participate in extracurricular health-related activities must be supervised appropriately and must comply with Touro policies, including those concerning official activities scheduled on days of religious observance.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Dean and Associate Dean of Student Services, TUC
- Director of External Relations, TUC
- Department Heads
- Faculty Advisors to Student Clubs and Organizations
- Faculty
- Students

POLICY STATEMENT:

Community service is a mission-related activity of TUC and of TUCOM and is to be encouraged. However, TUCOM students who wish to participate in health-related extracurricular activities must be properly supervised. Moreover, students must comply with Touro policies regarding participation in official activities when they are scheduled on the Sabbath or on other Jewish holidays that are observed by Touro. Therefore, this policy sets forth guidelines and an approval process for participation in any health-related extracurricular activity.

- Any student or student group that wishes to participate in an extracurricular health related activity must contact the office of the Senior



TOURO UNIVERSITY

C A L I F O R N I A

Associate Dean to obtain the appropriate paperwork. No activity will be approved unless complete information is provided a minimum of two weeks in advance of the activity (see attached form).

- The information required will address the following, including but not limited to: nature and scope of the activity; sponsorship and/or faculty advisor; group to be served; place of the activity; clinical oversight, and the date on which the activity is scheduled to occur.
- If the request for TUCOM students to participate in such an activity comes through the Student Services office, then the Associate Dean for Student Services will direct the student or student group to the office of the Senior Associate Dean.
- The Senior Associate Dean will review the paperwork and determine whether the activity is appropriately supervised. No TUCOM student may participate in a health-related activity without a Touro credentialed healthcare provider being present.
- No TUCOM student may participate in any extracurricular activity that has Touro sponsorship or that advertises Touro in any way, if such an activity is held on the Jewish Sabbath or on any Jewish holiday that is officially observed by Touro.
- Participation in activities that are responding to an acute emergency situation may be excluded from the prohibition regarding the Jewish Sabbath and Jewish holidays, but require the approval of the Senior Associate Dean, Dean or designee. The Campus Rabbi should be consulted in a timely fashion.
- No person who is covered by the Touro malpractice policy may provide supervision for an extracurricular health-related function that is held on any such day of religious observance, unless it falls under an emergency situation as noted above.



TOURO UNIVERSITY

CALIFORNIA

VOLUME 9: CLINICAL PRACTICE

9.1: COVERAGE OF FACULTY FOR MEDICAL LIABILITY (MALPRACTICE INSURANCE)

POLICY 9.1

Volume 9, Clinical Practice

Chapter 1, Coverage of Faculty for Medical Liability (Malpractice Insurance)

Responsible Executive: Dean

Approved: May 26, 2010

REASON FOR POLICY:

TUCOM faculty who perform clinical service on behalf of Touro must be adequately covered by medical liability (malpractice) insurance, for their protection as well as for the protection of patients, students and the university.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Clinical Department Heads
- Clinical Faculty

POLICY STATEMENT:

Appropriate and adequate medical liability coverage is essential for any TUCOM faculty member who treats patients or provides medical advice or instruction to patients or students. The following are the guidelines outlining who is covered and to what extent:

- Any employed faculty member assigned to work in the Touro University Medical Center will be afforded coverage while acting within the capacity and scope of his or her duties as such, under the Touro malpractice policy group limits.
- Any other Touro employed faculty member, full or part-time, who supervises Touro students in on-campus training sessions, will be covered under the Touro malpractice group policy limits while acting within the capacity and scope of his or her duties as such.



TOURO UNIVERSITY

C A L I F O R N I A

- The Touro policy affords coverage to formerly insured medical practitioners who, on the date of the occurrence or wrongful act giving rise to a claim, were insured under the Touro policy.
- Note: Medical practitioners must be independently licensed by the State in which they are providing services for or on behalf of Touro.



9.2 COVERAGE OF PRECLINICAL STUDENTS FOR MEDICAL LIABILITY

POLICY 9.2

Volume 9, Clinical Practice

Chapter 2, Coverage of Preclinical Students for Medical Liability

Responsible Executive: Dean

Approved: February 10, 2016

REASON FOR POLICY:

TUCOM preclinical students who wish to perform clinical activities under the aegis of external physicians or institutions while enrolled in the COM must be adequately covered by medical liability (malpractice) insurance, for their protection as well as for the protection of patients and the university.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, and Assistant Deans of TUCOM
- Students
- Faculty

POLICY STATEMENT:

Appropriate and adequate medical liability coverage is essential for any TUCOM student who treats patients or provides medical advice or instruction to patients while enrolled in the COM. TUCOM may cover malpractice and liability insurance for preclinical students during participation in clinical activities, but only under specific circumstances. Students who undertake clinical activities with a physician or clinical venue, or students who conduct any other patient related activities not authorized by TUCOM will not be covered by TUCOM liability insurance. TUCOM will maintain malpractice and liability insurance for students as long as their clinical activities have been pre-approved, and the students are appropriately supervised and working within their scope as students.

Preclinical students who wish to conduct clinical activities during the Summer or at any other time must be covered by liability insurance. To do so, they must submit a request to the Assistant Dean of Clinical Integration. If students plan on participating in a minimum of 40-hours of clinical activities over the summer between their first and second years, then they are strongly encouraged to enroll in the Summer Clinical



TOURO UNIVERSITY

C A L I F O R N I A

Preceptorship Elective. After review and approval of proposed clinical program and activities and mentor's CV, the Associate Dean may approve the activity and the CED may credential the mentor.