



# **College of Osteopathic Medicine Faculty Handbook Supplement**

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This Faculty Handbook Supplement, designed specifically for faculty in the College of Osteopathic Medicine (COM), augments the information provided in the University of New England Faculty Handbook

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# Chapter 1:

## Mission and Core Values

### Mission

The University of New England College of Osteopathic Medicine fosters health care leaders across the continuum in undergraduate, graduate, and continuing medical education, to advance exceptional osteopathic healthcare locally and globally through practice, research, scholarship, education, and community health.

### Core Values

- Support the creation and maintenance of outstanding medical practitioners
- Advance our commitment to the heritage and principles of osteopathic medicine
- Facilitate learning, critical thinking, research, and scholarship
- Shape the future creatively while preserving our heritage
- Promote an innovative, interprofessional, and entrepreneurial culture
- Maintain a caring, collegial environment
- Foster integrity and accountability through a strong ethical base
- Utilize evidence-based methods, practice-focused research, scholarship, critical thinking, and a variety of learning modalities to improve health education and healthcare outcomes
- Excel in practice-focused research in health, function, and medical education
- Actively seek internal and external collaboration to further our mission

## Chapter 2:

# History of the College of Osteopathic Medicine

### Founding

The University of New England College of Osteopathic Medicine was founded in 1978 by the New England Foundation of Osteopathic Medicine. That year, the College consisted of a newly revamped Stella Maris Hall, 36 first-year students, and 12 faculty members. Today, the UNE COM has some of the best medical education facilities in the nation, over 700 students, and more than 250 faculty members. The UNE COM has been recognized for excellence in primary care, education in geriatrics, and osteopathic manipulative medicine.

### New England Foundation of Osteopathic Medicine

In 1972, a group of New England osteopathic physicians met informally to discuss their concerns about the aging population of osteopathic physicians in the New England area and the difficulty of New England students in securing admission to osteopathic colleges. Osteopathic physicians comprised the majority of physicians available in numerous regional rural and urban areas. Failure to replace them would cause not only a marked loss to the profession but, more importantly, to the patients who had come to depend on osteopathic medical care. The group discussed ways of dealing with this problem and moved to establish an osteopathic college in New England.

The New England Foundation for Osteopathic Medicine (NEFOM) was incorporated in 1973 in the Commonwealth of Massachusetts. The purpose of this nonprofit tax-exempt organization was "to operate and maintain a foundation for the promotion of osteopathic medical education, osteopathic medical research, and the improvement of health care in osteopathic medical hospitals and related institutions."

These goals were established as a response to the needs recognized by the profession, which later became documented in studies supported by the Bureau of Health Manpower of the then U.S. Department of Health, Education and Welfare. The establishment of NEFOM, as well as the planning for the creation of a college of osteopathic medicine, was based on regionalism. The development of one osteopathic medical school to serve the six New England states was looked upon as an efficient and economical use of the region's resources.

### The College of Osteopathic Medicine

The New England College of Osteopathic Medicine opened its doors in the fall of 1978 with an entering class of 36 students. This momentous achievement was largely due to the financial support and hard work of individual osteopathic physicians, their state societies, the region's osteopathic hospitals, and grateful patients. Following four years of continued effort and financial support from the profession and its friends, the College graduated its first class in June of 1982. In 1987, the New England College of Osteopathic Medicine merged with the University of New England.

## Expansion

- 1994 – The University of New England College of Osteopathic Medicine (UNE COM) received approval for an increase in its entering class size, from 70 to 115.
- 1996 – The Harold Alfond Center for Health Sciences was built to accommodate the first increase in the UNE COM class size. The Alfond Center’s well-designed laboratories provide high quality instructional and research spaces that are equipped with a wide range of essential instrumentation and specialized equipment. Its human gross anatomy (Donor’s) lab—is a modern facility for cadaveric and fresh tissue study. The building also houses the Sewall Osteopathic Medicine Skills Laboratory, an open lab with 60 Patient tables where COM students practice manipulative medicine and physical examination techniques. The building also holds the Osteopathic Manipulative Medicine (OMM) health care department with four patient exam rooms in which Anatomy/OMM predoctoral fellows and physicians meet with patients and hone their diagnostic and treatment skills.
- 2008 – The Pickus Center for Biomedical Research opened as a state-of-the-art biomedical research building that houses research teams of the UNE faculty and student researchers. The 22,000 sq. ft. structure includes six laboratories, twelve faculty offices, two conference rooms, a lab tech office suite, and an animal vivarium. The facility allows COM faculty to dedicate themselves to educating physicians, graduate students and undergraduates while advancing the practice of medicine.
- 2012 – The UNE COM received approval for an increase in its entering class size, from 115 to 165 students with 8.0% overage for attrition (178 students), representing an increase of 50 students per entering class; to commence in the Fall 2013. On August 5th, 2013, the UNE COM successfully matriculated 177 students.
- 2013 – Leonard Hall was built as a state-of-the-art lecture hall to accommodate the increase in class size. It is one of the largest interactive classrooms of its kind in the country, seating up to 285 students. With six movie-size video screens and six ceiling-mounted projectors around the room, along with cameras for video capturing, and 30 group study tables each wired into the room’s technology with its own microphone, white boards and computer monitors, the 4,900 square-foot room is beautifully equipped for UNE COM’s restructured osteopathic medical curriculum, a curriculum designed to meet our students' needs as tomorrow's medical leaders.
- 2013 – Stella Maris Hall now houses COM's Office of the deans, faculty, and administrative offices. The facility was renovated to increase the number of faculty research laboratories associated with UNE’s COBRE.



*Stella Maris Hall  
UNE COM*



*Harold Alfond Center for Health Sciences  
UNE COM*



**Pickus Center for Biomedical Research  
UNE COM**



**Large Group Learning Activity in Leonard Hall  
UNE COM**



# Chapter 3: Governance of UNE COM

## The Faculty

As part of the appropriate shared governance relationship with the COM administration and the University, the COM faculty is responsible for providing leadership and oversight on matters of curricula, pedagogy, academic standards, faculty hiring, and faculty retention. This section of the Handbook describes these responsibilities and the role of the COM Faculty Assembly.

Responsibilities of the COM faculty include, but are not limited to, the following:

- delivering and maintaining the quality of the osteopathic academic program
- developing and upholding the University's and national standards of instruction
- reviewing the quality of the COM education, in consort with clinical and academic deans
- evaluating the performance of faculty applying for reappointment, promotion, or tenure through the appropriate process outlined in Chapter 7
- setting student prerequisites for admission and retention
- reviewing student academic performance and progress toward graduation and recommending students for DO degree
- reviewing applicants, interviewing candidates, and making recommendations to the dean for faculty and administrative positions
- conducting educational, clinical and basic scientific research

## College of Osteopathic Medicine Faculty Assembly (COMFA)

The COM Faculty Assembly (COMFA) is a representative body for the faculty of the University of New England College of Osteopathic Medicine, and derives its powers from the authority delegated to the University faculty by the Board of Trustees. COMFA meetings are open to all faculty, and time will be provided for input from the floor.

### Purpose

The COMFA is a self-governing body responsible for carrying out the faculty governance responsibilities enumerated below. The Assembly formulates, reviews, and recommends policy regarding faculty and college concerns related to said responsibilities. The Assembly will promote the exchange of information and ideas, encourage discussion of College and University matters, and act on specific faculty issues.

### Duties

Duties of the COMFA include, but are not limited to, the following:

- Serve as a forum for faculty discussion of issues relevant to the operation of COM
- Serve as an advisory body to the dean of COM and, through the dean, to the provost, president, and Board of Trustees

- Make specific recommendations to the dean of COM in the areas of student admission, evaluation, and promotion
- Plan, deliver, and evaluate the COM curriculum and participate in academic planning for the College and University
- Monitor progress toward academic and administrative goals for COM in accordance with the Department of Education guidelines as presented by the American Osteopathic Association's (AOA) Commission on Osteopathic College Accreditation (COCA)
- Contribute to the development of University policies regarding faculty tenure, promotion, salary, service, and scholarship.
- Coordinate college-wide efforts in faculty development
- Deliberate regarding amendments to the COM Faculty Handbook

## Organization

- the COM Faculty Assembly shall elect a Chairperson and Vice Chairperson from the voting membership of the Assembly to serve two-year terms
- elections shall take place at the first regular meeting of the Assembly every other academic year
- the Chairperson (or Vice-Chairperson if necessary) shall preside over meetings
- the officers of the Assembly shall serve as the Nominating Committee
- the COMFA shall elect from its membership representative faculty and senators to serve on the University Faculty Assembly
- the COMFA Chairperson shall serve as an ex officio member on the University Faculty Assembly

## Meetings

- regular meetings of the Assembly shall be held throughout the entire academic year
- a schedule of meetings shall be distributed to all COM faculty and shall be available in the offices of the COM associate deans
- special meetings of the Assembly may be held with 48 hours advanced notice to all voting members
- all meetings shall be open to non-voting members of the COM faculty, except during discussion of a confidential nature regarding individual students or faculty
- all meetings shall include remote access to allow participation of those not physically present, such as clinical faculty and those with faculty appointment at our Affiliated Clinical Campuses
- all meetings shall be conducted in accordance to Robert's Rules of Order
- voting members shall include regular faculty as defined by the University of New England Faculty Handbook, SECTION TWO
- at each meeting, members of the assembly shall approve minutes from the previous meeting, hear reports and take appropriate action or make appropriate recommendations regarding new and old business from:
  - COMFA Chairperson

- Dean of COM
- COMFA Committees
- Associate deans of COM
- Department Chairs of COM
- UNE Faculty Assembly (UFA)

## Quorum

Quorum shall consist of the voting members present.

## COM Faculty Assembly Standing Committees

General Provisions for COM Faculty Assembly Committees

- duties of the COM Faculty Assembly (COMFA) shall be accomplished by standing committees that report directly to the faculty at regular meetings of the assembly
- each committee shall schedule its own meetings and deliver written and/or oral reports to the assembly in a timely fashion
- committees may establish appropriate subcommittees as necessary, and may appoint non-voting members to these subcommittees to serve in an advisory capacity
- associate deans of Academic Affairs; Clinical Education; Research and Scholarship; and Recruitment, Student and Alumni Services may serve on committees as ex officio members
- decisions to accept, reject, or act on proposals or recommendations from the various committees shall be made by the assembly at its regular meetings
- if committee vacancies occur, the committee chair and the COMFA chair shall choose faculty to fill the vacancies; these assignments shall be ratified by the faculty at the next assembly meeting
- committee chairs will be elected/appointed as per the individual committee's charter
- amendments to an assembly committee's charter must be reviewed and approved by COMFA

## Description of COMFA Standing Committees

### Curriculum Advisory Committee

The Curriculum Advisory Committee (CAC) is tasked with establishing a structured curricular framework for the COM program as a whole and as a continuum including, but not limited to, reviewing and making recommendations for revision of existing curriculum; proposing new curriculum; and drafting procedures, protocols, and policies to which all involved in curriculum development and implementation will be held accountable.

### Committee on Faculty Affairs and Development

The Committee on Faculty Affairs and Development (CFAD) is tasked with matters involving the faculty, including, but not limited to, issues of academic freedom, workload, shared governance, and appointment, promotion, and tenure policies and procedures documented in the University Faculty Handbook. In this capacity, CFAD helps formulate COM's programs, policies, and procedures pertaining to the responsibilities of the faculty. As such, CFAD is

involved in recommending needs assessment-driven faculty development and assessment programs, to promote COM's mission of faculty excellence in education, scholarship, and service.

### **Reappointment, Promotion, and Tenure Committee**

The Reappointment, Promotion, and Tenure Committee (RPTC) ensures a fair and equitable process of peer evaluation to help inform the University's decision regarding faculty contract renewal, promotion, and tenure. The RPTC is tasked with reviewing candidate portfolios and making recommendations to the University RPTC, advising and assisting CFAD on workshops in mentorship programs for RPT candidates, and recommending changes to CFAD regarding RPTC-related policies, procedures, and expectations outlines in the University Faculty Handbook.

### **Research and Scholarship Committee**

The Research and Scholarship Committee (RSC) works to advance and administer the research and scholarship agenda within COM in collaboration with University initiatives through drafting policies, procedures and/or processes designed to enhance research and scholarship, fostering and facilitating mentoring of faculty and students, and administering and implementing annual research fellowships and forums.

### **Facilities and Learning Resources Committee**

The Facilities and Learning Resources Committee (FLRC) is responsible for developing and conducting a continuous assessment process that reviews all facilities and learning resources of all campus and affiliated teaching sites to allow for delivery of COM's mission and educational objectives.

### **Committee on Budget and Finance**

The Budget and Finance Committee is responsible for being familiar with the COM fiscal policies and procedures so as to attain an understanding of the College's financial capacity to carry out its educational mission, to represent the faculty in those financial and budget decisions related to education and academic advancement, and to review the budget of each new proposed academic program that receives the support of the COMFA.

## **Standing Committees with Reporting or Appointment Structure Outside the COMFA**

### **Committee on Student Progress**

Membership Type: Appointed by the dean of COM; committee chair appointed by the dean  
Reports to: Associate Dean for Academic Affairs and Associate Dean for Clinical Education  
Description: The Committee on Student Progress (CSP) is responsible for making recommendations regarding student performance, including disciplinary and academic matters, promotion of students to the next class, and to the awarding of the degree of Doctor of Osteopathic Medicine to those who have satisfied all graduation requirements. Policies and procedures of this committee go through COMFA as well as approval of awarding DO degree.

### **Committee on Admissions**

Membership Type: Appointed by the dean of COM

Reports to: Dean of COM

Description: The Committee on Admissions shall participate in the establishment of policy regarding admissions criterion for COM, screen and interview applicants to COM, make recommendations regarding the acceptability of individual applicants directly to the dean of COM, provide summary reports of Committee activities and recommendations regarding policy, and present these reports to the COMFA at its meetings.

### **Self-Study Committee**

Membership Type: Appointed by the dean of COM

Reports to: Dean of COM

Description: The Self-Study Committee shall monitor progress toward academic and administrative requirements and recommendations as outlined by the American Osteopathic Associations (AOA) guidelines.

### **Ad Hoc Committees**

Ad Hoc committees may be formed as need arises, but every attempt shall be made to assign tasks to the appropriate Standing Committee to avoid duplication of effort on the part of the COMFA members.

## **Departments and Divisions of UNE COM**

Each academic department has a chairperson, who is appointed by the dean upon recommendation of a search committee and the department members. The department chair reports directly to the dean and is responsible for oversight of operations of the department such that the department meets all the mission of the College. Department chairs maintain their faculty appointment, and may serve on faculty committees. Department chairs are subject to the supervision of the dean, and are responsible to the dean for the management and development of the administrative affairs of their departments. The chair's authority regarding the department includes assignment of space, expenditure of funds, and appointment of academic and nonacademic personnel. The chair's authority related to academic affairs extends to the conduct of educational and research programs and the promotion of the best interests of the faculty in the department.

## **Educational Affiliations**

In order to provide its medical students and resident physicians with the requisite clinical training and experience, UNE COM has established affiliations with various hospitals and healthcare institutions in a variety of geographic areas. Pursuant to these affiliations, medical students and resident physicians participate in clinical experiential learning in various departments with these affiliated healthcare institutions.

## Chapter 4:

# Code of Academic and Professional Ethics

The University of New England College of Osteopathic Medicine (UNE COM) commits to excellence in osteopathic education, research, and service. This Code of Professional Ethics serves as the pledge of faculty, staff, and administration to attain the highest potential in each of these areas with focus on the fundamental principles of equity, accountability, and professional responsibility. This Code establishes a set of general principles and guidelines to which all members of the UNE COM community shall adhere.

## General Principles and Guidelines

### Interaction of Faculty, Administration, Staff, and Students

The COM faculty, administration, staff, and students are required to maintain the utmost level of ethical and professional conduct in their interactions with each other, including persons of all race, religion, skin color, gender, age, marital status, ancestry, national and ethnic origin, physical or mental disability, sexual orientation, veteran status, or any other basis. Through individual and collective integrity the COM builds equitable relationships through honesty, trust, and altruism thus forming the foundation of an enduring learning community.

### Ethical Issues Pertaining to Scholarly Activity/Research

The COM values and promotes the free pursuit of knowledge through research and scholarly activity that identifies new medical and scientific information, current best clinical practices, and effective pedagogical strategies. Administration, faculty, staff, and students at UNE COM engaged in research or scholarly activity must abide by the highest ethical standards. These include:

- An obligation to establish and maintain objectivity in research/scholarly activity by declaring conflicts of interest and recognizing potential bias, and taking consequent actions to eliminate or minimize their effect on the activity
- Maintaining intellectual honesty by not fabricating, falsifying, or plagiarizing prior work, referencing prior contributions by others where appropriate
- Maintaining transparency when communicating results of research/scholarly activity
- Compliance with federal regulations concerning the use of animals in research, including a commitment to replace, reduce, and refine animal usage
- Compliance with federal regulations concerning the ethical treatment of human subjects in research
- Compliance with HIPAA concerning Protected Health Information

### Ethical Issues Pertaining to Commercial Relationships

The COM maintains the highest ethical standards regarding administration, faculty, and staff relationships with commercial entities. These standards include:

- Disclosure of all relationships with commercial entities by the administration, faculty, and staff
- Approval of the relationship by the dean or dean's designee on a case by case basis or when such activity may occur within the institution
- Disclosures shall be kept confidential as permitted by law

The UNE COM has adopted the American Osteopathic Association (AOA) Code of Ethics. All physicians employed by UNE COM shall adhere to the guidelines contained in this Code, as detailed on the following pages.

## **Policy for Recusal from Student Assessment for Faculty Providing Health Care Services**

### **Policy Statement**

Medical students learn through experience and are often involved in clinical settings whereby they “treat” a peer under the supervision of a faculty member. This may occur in a student OMM clinic, clinical rotation experience, vaccination clinic, or other entity. The relationships established in these precepted settings are significantly different from those existing between a practitioner-patient in a therapeutic relationship in a health care delivery scenario.

“Treatment” undertaken for the purpose of education in such a scenario does not constitute the formation of a true provider patient relationship and therefore does not require recusal.

Students may seek health care services from faculty members and resident physicians due to proximity, convenience, comfort, confidence, and the size of the local medical community. This applies to students both on-campus and during off-campus. Such services may involve a therapeutic relationship and include provision of sensitive health services.

For the purposes of this policy “provision of health care services” is defined as a licensed clinician assuming clinical responsibility for the evaluation, diagnosis, treatment and/or management of a student. “Therapeutic relationship” is defined as either ongoing provision of healthcare services (more than two interactions) or any health care services involving “sensitive health services.” “Sensitive health services” include but are not limited to: psychiatric/psychological counseling, substance abuse, and sexually transmitted diseases.

If a student elects to establish a therapeutic relationship with a faculty member or resident or seeks to obtain health services which involve sensitive health services, that health care provider is precluded from any evaluation role for that student (irrespective of the wishes of the medical student) because of dual-relationship and conflict of interest issues. Faculty members and resident physicians who provide sensitive health care services to or are engaged in therapeutic relationships with students will not participate in performing academic assessments for grading purposes nor in decisions regarding promotions for such students, although they may continue to instruct and train such students according to the normal expectations of the curriculum.

Students seeking mental health services are strongly encouraged to make use of University Student Health Services or other University recommended services which are provided by health professionals who are not involved in student education or assessment.

Clinicians are strongly discouraged from entering into therapeutic relationships with students. In instances of pre-existing provider/student relationships, therapeutic relationships or sensitive health care services the clinician must discuss with the student the potential for a dual relationship and inform the student that he/she will recuse him or herself from any situation in which an evaluation is required if the provision of sensitive health services has occurred.

While the focus of this policy relates to conflicts of interest resulting from therapeutic relationships and/or the provision of sensitive health services to medical students, other types of conflicts of interest may exist. In such situations faculty members will also recuse themselves from participating in performing academic assessments for grading purposes and in decisions regarding promotions for such students.

This policy pertains to the COCA requirement of Element 9.10 (Non-Academic Professionals)  
Scope (applies to): All faculty and residents.

## **Procedure**

All faculty and residents engaged in an established provider-patient relationship with a student or having other conflicts of interest pertaining to a student must identify themselves and recuse themselves from all summative assessment, grading, or promotional activities concerning that student. Committee on Student Progress, Student Appeals, or other student affairs type meetings will call for declaration of such conflicts of interest and recusal from decision making at the onset of each meeting.

Policy Drafted: August 24, 2017

Approved by legal: September 15, 2017

Approved COMFA: September 21, 2017

The University of New England College of Osteopathic Medicine adopts the American Osteopathic Association's Code of Ethics as principles by which the Clinical Faculty members should be guided in their practice as physicians. A copy of the current AOA Code of Ethics is attached hereto.

## **AOA Code of Ethics**

The American Osteopathic Association (AOA) Code of Ethics is a document that applies to all physicians who practice osteopathically throughout the continuum of their careers, from enrollment in osteopathic medical college/school through post graduate training and the practice of osteopathic medicine. It embodies principles that serve as a guide to the prudent physician. It seeks to transcend the economic, political, and religious biases, when dealing with patients, fellow physicians, and society. It is flexible in nature in order to permit the AOA to



consider all circumstances, both anticipated and unanticipated. The physician/patient relationship and the professionalism of the physician are the basis for this document. The AOA has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self. Further, the AOA has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

**Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

**Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

**Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. In emergencies, a physician should make her/his services available.

**Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

**Section 5.** A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

**Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

**Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

**Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his professional degree in all professional uses of her/his name. Indications of

specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

**Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

**Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

**Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

**Section 12.** Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

**Section 13.** A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

**Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

**Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

**Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

**Section 17.** From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

**Section 18.** A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

**Section 19.** When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

*This document was last updated July 24, 2016. Please see the AOA Website for more information.*

# Chapter 5: Educational Programs

## Academic Calendar

The academic calendar of UNE COM is published annually and is included in the Student Handbook.

## Undergraduate Medical Education

### The Curriculum

The College offers a four-year program leading to a Doctorate of Osteopathic Medicine (D.O.) degree. Teaching and mentoring our osteopathic medical students to reach this goal is a role shared by all our faculty. Additionally, the College faculty conduct biomedical, clinical, and educational research; clinical faculty may provide patient care at clinical teaching affiliates or at on-campus clinics; and the COM faculty are involved in teaching colleagues (CME and faculty development) and other health professionals (e.g. IPE, GME, etc.).

The curriculum at the UNE COM provides learning opportunities enabling medical students to acquire fundamental knowledge, develop basic skills, and grasp principles relevant to healthcare in the context of community. We strive to foster in each student the life-long desire and expertise of seeking and evaluating new information in the pursuit of the solutions to medical problems, and educating those in need of medical care. Our aim is to enable each student to practice medicine with clinical competence and effectively utilize the osteopathic tenets that we emphasize in our curriculum. We welcome our students into the profession of osteopathic medicine, and our goal throughout the four years of education and training is to facilitate their own professional growth and development.

In recent years, we have incorporated curricular advances to keep pace with the rapid expansion of scientific knowledge and the changes in our healthcare delivery system. These changes seek to integrate the acquisition of core of scientific and factual information and development of osteopathic competencies and entrustable professional activities in interacting with patients, colleagues, and the healthcare system.

### Guiding Principles for Curricular Development and Delivery

1. Learner focused, patient centered curriculum throughout the medical education continuum
2. Integration of biomedical and clinical sciences through the lens of osteopathic principles
3. Hands-on, application of knowledge and skills in the pre-clinical and clinical settings
4. Fostering of critical thinking, scholarship and research
5. Community engagement as a mechanism for improving health and healthcare delivery

## UNE COM Competencies

The UNE COM has adopted as learning outcomes the following seven core competencies of the American Osteopathic Association:

- i. **Osteopathic Principles and Practice:** The student will understand and apply osteopathic principles to patient care.
- ii. **Patient Care:** The student will have the knowledge, attitudes and skills to provide compassionate, appropriate and effective patient care.
- iii. **Medical Knowledge:** The student will demonstrate knowledge of established biomedical, epidemiological, social and behavioral sciences and their application to patient care.
- iv. **Practice-Based Learning and Improvement:** The student will demonstrate the ability to investigate and evaluate patient care practices using scientific evidence and apply these to patient care.
- v. **Interpersonal and Communication Skills:** The student will demonstrate interpersonal and communication skills that result in effective interactions with patients, families and colleagues.
- vi. **Professional:** The student will demonstrate a commitment to carrying out professional responsibilities in an ethical and sensitive manner.
- vii. **System-Based Practice:** The student will demonstrate an awareness of and responsiveness to the system of health care to provide care that is of optimal value.

## Curriculum Phases

### Pre-Clerkship Education

The UNE COM students spend the first two years of the program on the UNE campuses in Biddeford and Portland, Maine. The curriculum consists of a series of large and small group learning activities, combined with independent experiential learning in physicians' offices, hospitals, extended care facilities, and health centers. Scheduled facilitated learning sessions include traditional didactic lectures, interactive problem solving sessions, patient case study discussions, hands-on laboratory exercises, panel discussions, demonstrations, and clinically focused encounters with simulators, standardized and real patients, including cadaveric donors. Learning activities are constructed to provide a strong foundation in the basic biomedical and social sciences as well as clinical skills as they apply to the rapidly changing practice of medicine in the 21st century. A thorough grounding in the manual skills, characteristic of Osteopathic Manipulative Medicine (OMM), is provided in the first two years and supplemented, reinforced, and expanded in Years 3 and 4.

Student preparation before class and active participation in class is a consistent element in the learning dynamic throughout the curriculum. An open, free-flowing dialogue between faculty and students is characteristically valued and encouraged. Capitalizing on the University's support of multiple degree programs in the health and allied health professions, including medicine, dentistry, nursing, pharmacy, physician assistant, and social work, the College endorses and promotes InterProfessional Education (IPE) and collaboration.

## **Clerkship Education**

The last two years of pre-doctoral training focuses on experiential learning in a clinical setting to further develop individual and team learning, and to expand clinical acumen, technical skills, and professional behavior. The entire third year curriculum is conducted at one of the Affiliated Clinical Campuses over a twelve-month period.

The UNE COM Affiliated Clinical Campuses form a consortium of community-based education sites, each consisting of one or more training institutions within a specific geographic region that allows coordinated delivery of the core academic training experience. Each campus provides the patient base, didactic, and experiential learning opportunities, supervisory infrastructure and longitudinal evaluation necessary for the accomplishment of the educational goals of core clerkships. The College's Clinical Campuses are located in the New England states, as well as in New York, New Jersey, and Pennsylvania.

Year 3 students are assigned to clerkships in the six Core Disciplines at one of the College's Clinical Campuses. Reflecting its focus on primary care, UNE COM clinical campus training programs are based in community hospitals, private physician offices, and community health centers throughout the northeast that represent environments in which many of UNE COM graduates will eventually practice. Ambulatory care programs train students in office practice and familiarize students with the collaborative roles and skills of non-physician health care providers. While community hospitals form the core of Year 3 and Year 4 clinical rotations, affiliations with specialty-focused facilities allow students to pursue a range of clinical experiences. Many of these hospitals also provide Graduate Medical Education (GME) as members of the Northeast Osteopathic Medical Education Network (NEOMEN) (see below). Year 4 students continue their learning with selective and elective clinical rotations at UNE COM-approved programs of their choice.

## **Student Promotion**

The UNE COM has an obligation, not only to its students, but also to the faculty of the institution, the osteopathic medical profession, and society in general to produce safe, competent, and entrustable D.O.s. As students progress through the College, the Committee on Student Progress (CSP) confirms that students demonstrate competence in osteopathic medical knowledge and skills to move from one level of instruction to another in addition to the appropriate professional and ethical conduct that is crucial to the practice of medicine. Through the CSP, the COM is ensuring that each graduate meets essential requirements for every component included within the program of osteopathic medical education as well as all noncognitive requisites for advancing in their medical career.

## **Student Evaluation**

Student evaluation is described in the COM Student Handbook Supplement, including the grading system, general policies concerning class attendance, promotion and graduation, approved absence, and failure to meet requirements for graduation by the scheduled time for commencement. The educational portfolio for each student contains their premedical

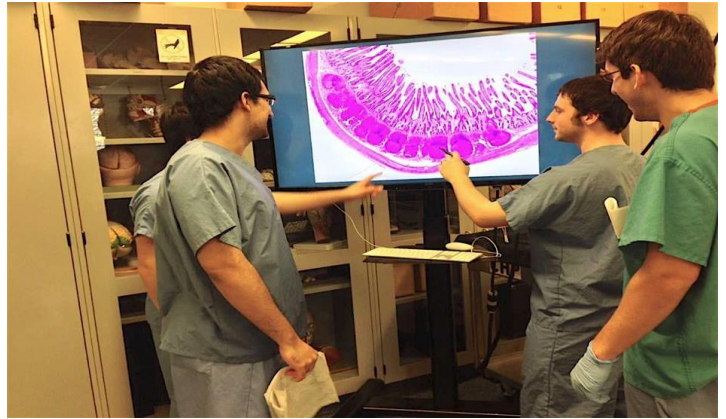
background; admission test scores; test scores and clinical ratings during medical school; and scores on licensing examinations.

## **Student Supervision**

In its efforts to ensure effective learning and professionalism, UNE COM has developed a policy for supervision of medical students by the faculty of UNE COM. The goal of this policy is to provide guidance for COM students throughout first and second years of osteopathic medical education. The supervisory role of students during the clerkship curriculum is coordinated through the office of Clinical Education by delegation to appropriate faculty, staff, and administration at affiliated training sites.



*UNE COM students examining X-ray films in the Clinical Performance Center*



*UNE COM students peer-teaching in the Donor Lab*



*UNE COM students practicing osteopathic manipulative techniques in the Osteopathic Manipulative Medicine (OMM) Lab*

## Chapter 6:

# Faculty Development

Faculty development sessions are offered continuously across the academic year and feature content across three thematic areas to assist faculty members in their career advancement, effective teaching, building research skills, and leadership and management development. The components of the faculty development program are determined based on an annual needs assessment survey. There is a particular focus on pedagogical, leadership, and research skills. Faculty development sessions are delivered by the UNE COM faculty as well as invited content experts and leaders in their respective fields.

Some workshops and classes are live sessions, typically held on weekday mornings and early afternoons. Session dates are shared with the COM community in advance to give ample registration time. Faculty members in attendance are eligible to earn continuing medical education (CME) credits for live participation. Many of the sessions are recorded and archived to allow those faculty who were unable to attend the ability to view the content remotely, at their convenience.

A series of modules in pedagogy and teaching are also available for faculty for remote access. In addition, the International Association of Medical Science Educators (IAMSE) seasonal faculty development webinars are made available on a weekly basis to our faculty.

## COM Peer Mentoring

### Purpose

The program will provide mentoring and support regarding the reappointment, promotion, and tenure (RPT) process. All faculty members of the COM undergoing RPT will be mentored by their department chair.

### Description of Process

Within the first four months of employment, regular full-time and regular part-time faculty members will receive a formal explanation of the RPT process by their chair. In the first year of employment, the chair and new faculty member should meet at least twice to review the RPT process and guidelines. In subsequent years of employment, mentoring will be offered to the candidate upon request. The chair fulfills an advisory role, and as such, will guide the faculty member through the RPT process.



## Chapter 7:

# Procedures and Guidelines for Faculty Peer Review Process

### COM Regular and Adjunct Faculty

COM consists of faculty with diverse backgrounds and varied job responsibilities. It is the faculty's intention to follow a process by which COM faculty, across all disciplines, may evaluate their peers in a fair and equitable manner. University-wide criteria for reappointment, promotion, and tenure (RPT) may be found in the UNE Faculty Handbook published here <https://www.une.edu/provost/resources>. In addition, each college has specified more detailed criteria particular to the disciplines represented in that college.

### COM Affiliated Clinical Faculty

COM affiliated clinical faculty carry out the educational mission of the College of Osteopathic Medicine using a variety of teaching strategies that foster learning and result in the development of professional knowledge, attitudes, and skills. This designation is typically utilized for those faculty working in a clinical setting and not employed or receiving any salary support or benefits by the University of New England. These individuals are focused on clinical activities at an institution or in a private practice setting, and who teach but are not engaged in substantial academic work or scholarship. UNE COM reviews affiliated clinical faculty every three years and affiliated faculty receive annual reviews at their affiliated site.

1. Appointment, Review, And Promotion Process for Affiliated Clinical Faculty:
  - a. Faculty appointments for affiliated clinical faculty are made by the Dean of the College of Osteopathic Medicine upon the recommendation of the Associate Dean of Clinical Education.
  - b. The rank conferred at the time of initial appointment will depend on the criteria established in this document and/or the rank achieved at another institution.
  - c. Nominations for faculty appointments may originate from a current UNE COM faculty member, a Regional Assistant Dean, the ODME of a NEOMEN residency, a COM Department Chair, a COM Associate Dean, or the Dean.
  - d. Each nominee's appointment application should include:
    - i. A letter of nomination addressed to the Office of Clinical Education. The nomination letter should include the nominee's teaching role for UNE COM, teaching experience and statement of teaching quality.
    - ii. A completed and signed faculty appointment application
    - iii. A current CV that includes a specific teaching section
    - iv. A copy of a current medical license(s) in the state(s) in which the faculty member is providing a teaching role for UNE COM
    - v. A copy of their current board certification(s)
  - e. The nomination and review of a completed appointment application will be processed through the UNE COM Office of Clinical Education, which includes review by the specialty-appropriate department chair and the associate dean for clinical education

- f. Reappointments are conducted every three (3) years using the same application materials described above. The faculty member may initiate a review for promotion by submitting a cover request letter addressed to the Office of Clinical Education. Letter should include information supporting request for promotion. Promotion requests and review will be processed through the Office of Clinical Education.
- g. Promotion to Affiliated Clinical Professor (full professor) is reserved for faculty members who have demonstrated their potential for excellence and long-term contributions to the local institution, their profession nationally, and the College of Osteopathic Medicine. This status is not granted automatically for time served or satisfactory performance.
- h. For promotion to Affiliated Clinical Professor, the Associate Dean for Clinical Education will initiate a review committee appropriate to the field of the candidate. Each candidate will solicit three or more letters of recommendation from local, college, and/or national faculty. Each candidate will submit a current academic curriculum vitae as well as a professional portfolio in evidence of achievement in teaching, service, patient care, and scholarship. The committee may seek outside review within the scholar's field.
- i. Affiliated Clinical Faculty Rank (not eligible for tenure track, detailed criteria in next section)
  - i. Affiliate Clinical Instructor: A faculty member with a doctorate or other appropriate professional degree and/or graduate training that have less than three (3) years of teaching experience in the appropriate field. There is no possibility for promotion to Assistant Clinical Professor in absence of a terminal degree. This rank level shall be given to physicians who are not board certified. A resident PGY-II or greater may hold this position.
  - ii. Affiliate Assistant Clinical Professor: a faculty member with a doctorate or other appropriate professional degree engaged in teaching and/or providing a practice or service activity and/or supervising learners in academic, clinical or field settings, and/or providing service with usually more than three (3) years of teaching experience.
  - iii. Affiliate Associate Clinical Professor: a faculty member with a doctorate or other appropriate professional degree engaged in teaching; and/or providing a practice or service activity; and/or supervising learners in academic, clinical or field settings; and/or providing service with usually more than nine (9) years of teaching experience. First consideration for promotion to this level ordinarily will occur during the sixth (6th) full year of service as Affiliate Assistant Clinical Professor.
  - iv. Affiliate Clinical Professor: a faculty member with a doctorate or other appropriate professional degree engaged in teaching; and/or providing a practice or service activity; and/or supervising students in academic, clinical or field settings; and/or providing service with usually more than twelve (12) years of teaching experience. First opportunity for promotion

to this level ordinarily will be in the sixth (6th) full year in rank as an Affiliate Associate Clinical Professor.

## **Chapter 8:**

### **COM Sabbatical Process**

When a faculty member submits an application for a sabbatical, the application will be reviewed along the following timeline:

Sept 1 (of the academic year preceding the proposed sabbatical leave): Candidate submits a request for sabbatical leave to his/her supervisor (usually a chair/director).

Sept 15: The faculty member's primary supervisor convenes a review committee comprised of three faculty members: two faculty will be from the candidate's department, care will be taken to identify faculty who are well acquainted with the work for which the candidate is seeking a sabbatical; and one faculty from a different department within the college.

The primary supervisor will also submit to the committee a plan for covering the applicant's teaching and service responsibilities, as outlined in the applicant's PRA.

Oct 15: The review committee submits their recommendation to the Dean.

Nov 15: The Dean submits a recommendation to the provost.

## **Appendix I: Academic Services and Centers of Excellence**

Library Services

<http://www.une.edu/library/e-resources>

Center for Excellence in Teaching and Learning

<http://www.une.edu/cetl>

Center of Biomedical Research Excellence for the Study of Pain and Sensory Function

<https://www.une.edu/research/cobre>

Center for Excellence in the Neurosciences

<https://www.une.edu/research/cen>

## **Appendix II: COM Faculty Committee Charters**

[\*Follow this link to Sharepoint\*](#)

## Appendix III: Policy for Recusal from Student Assessment for Faculty Providing Health Care Services

### Policy Statement:

Medical students learn through experience and are often involved in clinical settings whereby they “treat” a peer under the supervision of a faculty member. This may occur in a student OMM clinic, clinical rotation experience, vaccination clinic, or other entity. The relationships established in these precepted settings are significantly different from those existing between a practitioner-patient in a therapeutic relationship in a health care delivery scenario. “Treatment” undertaken for the purpose of education in such a scenario does not constitute the formation of a true provider- patient relationship and therefore does not require recusal.

Students may seek health care services from faculty members and resident physicians due to proximity, convenience, comfort, confidence, and the size of the local medical community. This applies to students both on-campus and during off-campus. Such services may involve a therapeutic relationship and include provision of sensitive health services. For the purposes of this policy “provision of health care services” is defined as a licensed clinician assuming clinical responsibility for the evaluation, diagnosis, treatment and/or management of a student. “Therapeutic relationship” is defined as either ongoing provision of healthcare services (more than two interactions) or any health care services involving “sensitive health services”. “Sensitive health services” include but are not limited to: psychiatric/psychological counseling, substance abuse, and sexually transmitted diseases.

If a student elects to establish a therapeutic relationship with a faculty member or resident or seeks to obtain health services which involve sensitive health services, that health care provider is precluded from any evaluation role for that student (irrespective of the wishes of the medical student) because of dual-relationship and conflict of interest issues. Faculty members and resident physicians who provide sensitive health care services to or are engaged in therapeutic relationships with students will not participate in performing academic assessments for grading purposes nor in decisions regarding promotions for such students, although they may continue to instruct and train such students according to the normal expectations of the curriculum.

Students seeking mental health services are strongly encouraged to make use of University Student Health Services or other University recommended services which are provided by health professionals who are not involved in student education or assessment.

Clinicians are strongly discouraged from entering into therapeutic relationships with students. In instances of pre-existing provider/student relationships, therapeutic relationships or sensitive health care services the clinician must discuss with the student the potential for a dual relationship and inform the student that he/she will recuse him or

herself from any situation in which an evaluation is required if the provision of sensitive health services has occurred.

While the focus of this policy relates to conflicts of interest resulting from therapeutic relationships and/or the provision of sensitive health services to medical students, other types of conflicts of interest may exist. In such situations, faculty members will also recuse themselves from participating in performing academic assessments for grading purposes and in decisions regarding promotions for such students.

This policy pertains to the COCA requirement of Element 9.10 (Non-Academic Professionals)

Scope (applies to): All faculty and residents.

**Procedure:**

All faculty and residents engaged in an established provider-patient relationship with a student or having other conflicts of interest pertaining to a student must identify themselves and recuse themselves from all summative assessment, grading, or promotional activities concerning that student. Committee on Student Progress, Student Appeals, or other student affairs type meetings will call for declaration of such conflicts of interest and recusal from decision making at the onset of each meeting.