



Integration Summit

JUNE 26, 2024



Agenda

Time	Topic
3:00 – 3:15 pm	Opening Remarks
3:15 – 3:30 pm	Draft Mission, Vision, and Values
3:30 – 3:45 pm	Launch of the Self-Study
3:45 – 4:15 pm	Task Force Updates
4:15 – 5:15 pm	Subcommittee Updates <ul style="list-style-type: none">• Medical Student Subcommittee – Admissions Work Group• Curriculum Subcommittee• Governance and Administration – Bylaws
5:15 – 5:55 pm	Food and Fellowship
5:55 – 6:00 pm	Closing Remarks and Next Steps

Opening Remarks



Amy P. Murtha, MD

Dean, Robert Wood Johnson Medical School



Robert L. Johnson, MD, FAAP

Dean, Rutgers New Jersey Medical School

Guiding Principles for Integration

- ✓ Do no harm.
- ✓ Value and respect our faculty, staff, and trainees.
- ✓ Demonstrate a commitment to excellence in each of our mission areas.
- ✓ Remain steadfast in our obligation to our patients' safety and well-being.
- ✓ Lead with kindness, active listening, and compassion.
- ✓ Create extensive opportunities for inclusive and participatory dialogue throughout the planning process.
- ✓ Respect the unique history, culture, and diversity of our institutions as we create an integrated Rutgers School of Medicine.
- ✓ Seek to advance the shared values of our communities.

Draft Mission, Vision, and Values

Survey Data

A survey was distributed to task force members, Integration Advisory Committee members, and Department Chairs, and was open for responses from April 25 to May 10, 2024.



70 Total Responses

- 44 Faculty
- 18 Staff
- 8 Students



Equal distribution
across schools



All themes mirrored
the original survey
that was distributed
at the beginning of
integration.

Top Mission Items



Research and Innovation

Educational Excellence

Community Engagement and Health Equity

Patient and Family Centered Care

Humanistic Leadership Development

Top Vision Items



Educational Culture

Academic Healthcare Leader

Community Engagement and Health Equity

Cutting Edge Patient-Centered Care

Research and Innovation

Top Value Items



Respect/Dignity

Community Engagement/Support

Education

Research and Innovation

Diversity Equity and Inclusion

Patient Care/Clinical Services

Integrity

Excellence

Planning Hierarchy



Foundational Statements

Mission Statement

- A precise and powerful statement articulates why the organization exists and does the work it does (but not how)
- Explains the organization's core purpose (and generally does not change over time)

Vision Statement

- A clear and inspiring message communicating what the organization wants to accomplish
- Ties back to the organization's mission and reflects organizational realities; flexible and broad enough to adapt as the organization evolves
- Answers the question: Where and what do we strive to be?

Mission Statements

Please choose one

Option One

We advance healthcare through innovative research, transformative education, and patient-centered care, fostering health equity across communities.

Option Two

We develop physicians and scientists to advance health through compassionate care, innovative research, and transformative education, fostering health equity and engagement across diverse communities.



Vision Statements

Please choose one

Option One

To be a national leader in academic healthcare and to reimagine medical education, discovery, patient care, and community service to improve outcomes for all.

Option Two

To be a national leader in academic medicine and health equity by reimaging medical education, discovery, compassionate care, and community service.



Values


Please rank the values below with 1 being highest priority and 8 being the lowest priority.




Collaboration




Excellence




Dignity



Diversity



Equity



Inclusion



Integrity



Health Equity



What do these values mean to me?



Launch of the Self- Study

June 2027

GOAL OF THE SELF-STUDY PROCESS

**Full Accreditation
of Rutgers School
of Medicine**



What is the Self-Study for Liaison Committee on Medical Education (LCME) Accreditation?

- **Engagement** of faculty, student body, and staff
- **Collection and review of data** about the medical education program
- **Identification of institutional strengths and challenges** that require attention related to accreditation standards
- Definition of the **strategies** to ensure maintenance of strengths and effective remediation of problems

UNIQUE to the Rutgers School of Medicine Self-Study...



Collection and review of data and strengths/challenges analysis will inform the integration of the medical schools

Twelve Standards and 93 Elements



Standard 1

(Mission, Planning, Organization, and Integrity)

Standard 2

(Leadership and Administration)

Standard 3

(Academic and Learning Environments)

Standard 4

(Faculty Preparation, Productivity, Participation, and Policies)

Standard 5

(Educational Resources and Infrastructure)

Standard 6

(Competencies, Curricular Objectives, and Curricular Design)

Standard 7

(Curricular Content)

Standard 8

(Curricular Management, Evaluation, and Enhancement)

Standard 9

(Teaching, Supervision, Assessment, and Student and Patient Safety)

Standard 10

(Medical Student Selection, Assignment, and Progress)

Standard 11

(Medical Student Academic Support, Career Advising, and Educational Records)

Standard 12

(Medical Student Health Services, Personal Counseling, and Financial Aid Services)



● DCI

Data Collection Instrument: tables, narratives, documents, data

● ISA

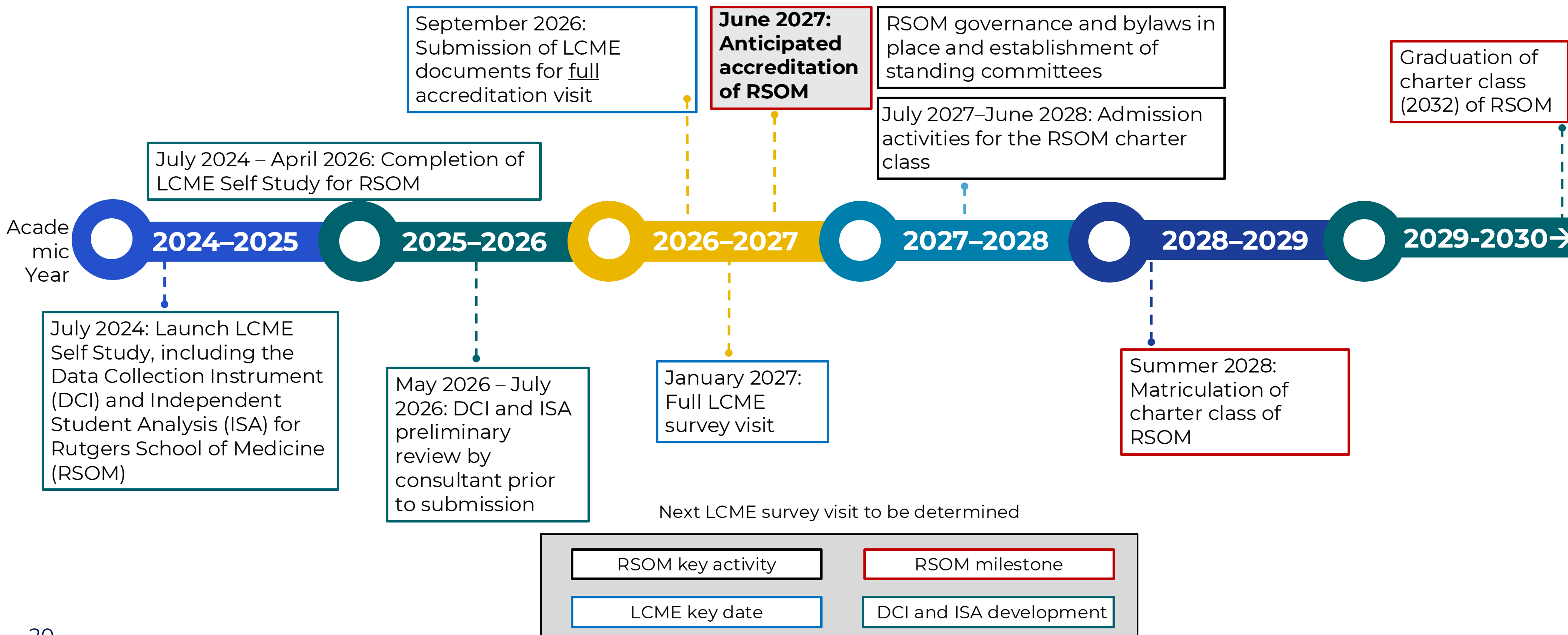
Independent Student Analysis: a survey of standard items +/- student-determined additional items administered by students, analyzed by students, report written by students

(School-supplied administrative and statistical support)

● Self-Study Report

Evidence-based determinations about performance in accreditation elements by the Self-Study Task Force; institutional strengths, challenges, and root causes of problem and activities to address

Projected Pathway to a Single LCME Accreditation *(timing subject to change)*



What does launch mean?

- **Integration Advisory Subcommittees continue** the work of reconciliation and creation of the new school
- The **Integration Advisory Committee becomes the Self-Study Task Force**
- **Addition of members to the Self-Study Task Force** as per LCME guidelines (medical students, graduates in residency programs, affiliates, administrators/trustees of sponsoring institution)
- **Independent Student Analysis** students for both schools



What does the launch mean for day-to-day activities of organizational members?

- **Timely response** to data requests
- **Full engagement** if on Integration Advisory Subcommittees
- **DCI complete by January 2026**
- **Self-Study Report written by April 2026**
- **Timely implementation of remedies** for problem areas







275+

**Faculty, Staff, and Learners
combined taking part in Integration
Committees and Task Forces**

THE FUTURE RUTGERS SCHOOL OF MEDICINE



Thank you for being a vital part of the journey!

Task Force Report Out

Task Forces and Co-Leads



Communication and IT

- Alfonso Waller, NJMS
- Courtney Terry, NJMS
- Maged Mohamed, RWJMS
- Beth Salamon, RWJMS



Student Experience

- Monica Hanani, NJMS
- Samantha Weber-Fishkin, NJMS
- Brooke Phillips, RWJMS
- Isaac Huang, RWJMS



Faculty Experience

- Andrew Berman, NJMS
- Yu-lan Mary Ying, NJMS
- Cheryl Dreyfus, RWJMS
- Ashley Wackym, RWJMS



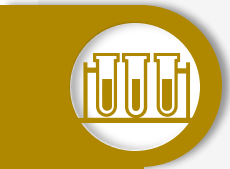
Community Engagement

- Damali Campbell-Oparaji, NJMS
- Michelle Dalla Piazza, NJMS
- Susan Giordano, RWJMS
- Eric Jahn, RWJMS



Clinical Mission

- James Guarrera, NJMS
- Kristin Wong, NJMS
- Juana Hutchinson-Colas, RWJMS
- Manish Patel, RWJMS



Research Mission

- William Gause, NJMS
- Amariliz Rivera Rivera-Medina, NJMS
- Derek Sant'Angelo, RWJMS
- Marty Blazer, RWJMS



Graduate School Mission

- John Chan, NJMS
- Carol Lutz, NJMS
- Nancy Walworth, RWJMS
- Kathy Scotto, RWJMS



Staff Experience

- Natalie Colimon-Fitzgerald, NJMS
- Francesca Escaleira, NJMS
- Roger Thornton, RWJMS
- Cecily Barrington, RWJMS

Clinical Mission Task Force Update

Topics Discussed and Considerations

1. Payment/insurance/compensation concerns:
 - a. Accepted insurances across institutions.
 - b. Billing/RVU payment models need to be consistent across campuses.
 - c. Will reimbursement/salary models change? How will equity be guaranteed between campuses that have historically been different?
2. Integration of clinical services:
 - a. How will referrals work across the system? Are there some services that may benefit from complete integration at one campus?
 - b. How does this affect clinical service lines?
 - c. The Integrated Leadership Group should serve as a mechanism for clinical leaders to provide clinical guidance to the medical school.
3. Issues regarding “institutional identity” integration versus maintenance of distinct campus identities/service missions

Recommendations for Future Work

1. Establish transparent/equitable and competitive compensation and “effort” models.
2. Align practice plans, funds flow, insurance contracts, and interoperability.
3. Foster cultural integration while maintaining identities and community missions.
4. Further clarify governance and interplay between the medical school/RWBJH system affiliate hospitals/individual departments and centers.



Research Mission Task Force Update

Topics Discussed and Considerations

1. Maintenance and expansion of administrative support for Rutgers School of Medicine faculty.
 - a. More efficient and timely hiring processes
 - b. Further strengthening pre- and postaward support for grants
 - c. Importance of local support
2. Development of approaches to enhance/create meaningful scientific integration across campuses.
 - a. Collaborative interactions should be promoted/rewarded.
 - b. There is strong consensus that support for these interactions needs to start now.
3. The value of maintaining the local department/center structure was emphasized.
 - a. There is strong consensus that no investigators should be required to relocate or be moved out of their current home departments.
 - b. Campus-specific chairs and center directors were highly preferred.
 - c. Placement of new recruits should be thoughtful and support areas of research excellence.

Recommendations for Future Work

1. Expansion of administrative support where needed: *Enables faculty to focus more on research.*
 - a. Need to define what support should be “central” (i.e., NIH interactions) versus “local” (i.e., department/institute-specific grant and budgeting support).
 - b. New program: recruit cross-campus grant writers/editors who could polish grants prior to submission.
2. Foster scientific integration: *Create collaborative research and potential multi-PI or program grants between campuses.*
 - a. Focus area-specific joint retreats and seminars.
 - b. Support enhanced virtual interaction technologies.
 - c. New pilot grants specifically for fostering cross-campus research.
3. Maintain the local department/center structure. *Day-to-day interactions with chairs/directors are needed for effective leadership.*
 - a. Support distinct areas of research excellence at both campuses.
 - b. In some cases, relocation of individual faculty may be considered.



Staff Experience Task Force Update

Topics Discussed and Considerations

1. What topics are important to the staff community?
2. Staff culture
3. Communication with leadership

Recommendations for Future Work

1. Continue to identify areas important to staff members at both NJMS and RWJMS to ensure communication and alleviate stress associated with the merger.
2. The merging of the schools provides a chance to expand opportunities for staff recognition, engagement, and development secondary to the increase in resources available.
3. Communication is a key factor in ensuring the staff community is aware of potential changes and has a voice to raise concerns.



Student Task Force Update

Topics Discussed and Considerations

1. Pre-clerkship and clerkship curriculum and grading
 - a. Pre-clerkship exams
2. Student guidance and the Match
3. MD/PhD equity
4. Student resources
 - a. Wellness facilities: gym
5. SFHCC (NJMS) versus Promise Clinic (RWJ)
6. Renovations
7. Campus culture

Recommendations for Future Work

1. Formative feedback earlier throughout clerkship curriculum
2. Clerkship schedule mutual preference (no two-week intersession)
3. Clinical site access for both sets of students
4. Communication between SFHCC and Promise Clinics and Collaboration for Shared Communication Initiatives
5. Equitable facilities for learning and personal/professional development
6. Mutual preference for organ-based anatomy curriculum integrated into a systems curriculum
7. Funding for board prep (UWorld, AMBOSS)



Communications & IT Task Force Update

Topics Discussed and Considerations

Communications

1. Consolidating media relations in some way so we are not duplicating efforts or competing for media placement
2. Combining efforts to work with Rutgers Today for story placement
3. Working together and sharing a section of newsletter content
4. Evaluating current forms of communication and aligning them
5. Continuing to target communications to various communities we serve
6. Rebranding the launch of the new RSOM, with videos, a new logo, media articles, perhaps a ribbon-cutting event, a year of small events, and publicity (at both campuses)

Information Technology

1. Systems consolidation and alignment
2. Developing a system acquisition process (that considers both campuses)
3. Breaking data silos, developing a unified data warehouse and data governance
4. User technology experience
5. RSOM website design and development
 - a. Public website
 - b. Intranet (NetID secured for internal content) opportunity to have internal content/communication
6. Data retention and archival

Recommendations for Future Work

1. Establishing subgroups/subcommittees for the task force, including subject matter experts (e.g., admissions, education, registrar)
2. Creating a roadmap/system consolidation plan
3. Developing a system selection process and deployment timelines
4. Evaluating current forms of communication and aligning them



Faculty Experience Task Force Update

Topics Discussed and Considerations

1. Faculty concerns over transparency and creation of parity during the unification process into a single Rutgers Healthcare System
2. Faculty appointment and promotion
 - a. Single process and improved efficiency
 - b. Track structure
3. Faculty recruitment and retention
4. Faculty compensation
 - a. Equitable support for clinical, research, and teaching contributions
5. Leadership structure (department, division)

Recommendations for Future Work

1. Focus groups to detail what is envisioned in a single Rutgers Healthcare System and compensation plan
2. Focus groups to identify appointment and promotion improvement opportunities
3. Focus groups to develop recruitment and retention strategies
4. Focus groups to develop mechanisms to financially support clinical, teaching, and research activities
5. Focus groups to develop transparency regarding leadership structure in a single Rutgers Healthcare System



Graduate Programs and Graduate School Task Force Update

Topics Discussed and Considerations

1. Structures of the graduate programs (RWJMS, NJMS) and their relationship with graduate program partners (e.g., RU-SAS, RSDM, EMSOP, Princeton).
2. Cooperation between the two campuses' research activities can build strength.
3. LCME standards require opportunities for medical students to engage in research experiences that permit interaction with graduate students.
4. Existing programs that make research experiences available to medical students and limitations to their accessibility (funding, structure, dissemination of program activities).
5. MD/PhD programs (RWJMS, NJMS): financial support, operational and academic issues. Application process, choice of campus for matriculation, mentor, courses, stipends.
6. The relationship between the RWJMS MD/PhD program and Princeton.

Recommendations for Future Work

1. Formalize the dissemination of pertinent information regarding existing research programs for medical students, including funding amounts, requirements, presentation opportunities, and the duration of experiences.
2. Build awareness of opportunities for exposure for all trainees, including medical students, to clinical and translational research through CTSA (NJACTS).
3. Establish a committee to specifically discuss MD/PhD programs and make recommendations and a timeline for unification, funding, MSTP application, MOU with Princeton, stipend discrepancies, and the admission process.
4. Explore opportunities to bring together PIs in aligned areas on two campuses to pursue training grant funding.



Community Engagement Task Force Update

Topics Discussed and Considerations

- Maintaining community engagement as central to mission, vision and values of the Rutgers School of Medicine.
- Understanding the structure of current service-learning opportunities for medical students at both campuses.
- Communicating effectively with our community partners and community members.
- Understanding how Rutgers School of Medicine community engagement activities will align with Rutgers Health schools and campuses.

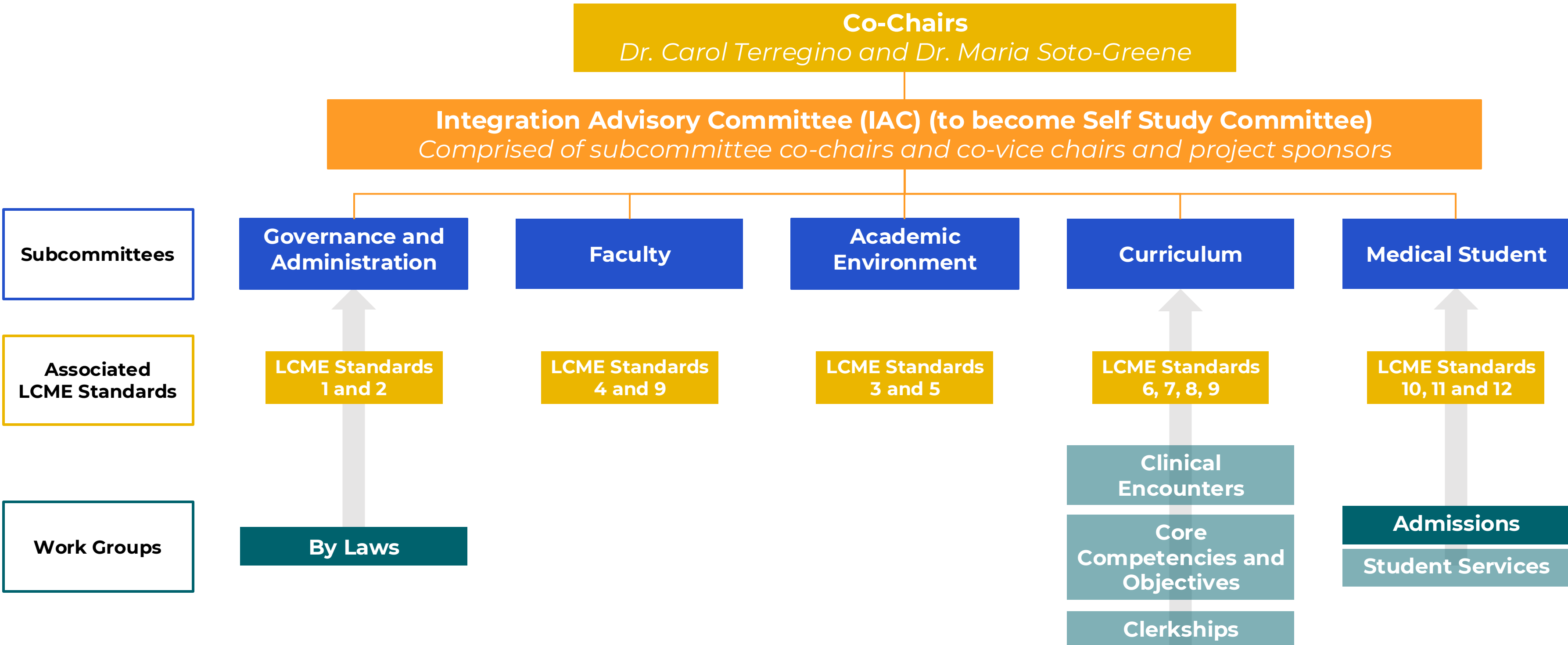
Recommendations for Future Work

- Ensure community engagement is reflected in mission, vision statements of Rutgers School of Medicine.
- Inventory current community engagement activities at both campuses, with emphasis on student experiences and activity structure.
- Develop and adopt common definitions for service learning and community engagement.
- Incorporate student participation and perspective into future planning.
- Develop mechanism and opportunities for obtaining community perspective into our community engagement activities.
- Integrate service learning as a requirement for graduation.
- Develop a structure that honors our current communities and community engagement work.



Subcommittee Updates

Project Structure



Notes: Shaded work groups have been folded into their respective subcommittees.
 There will be interdependencies across subcommittees and work groups that are not included on this slide.

Medical Student Subcommittee Admissions Work Group

Admissions Work Group Members

H. Liesel Copeland, PhD (Co-Chair), RWJMS

Mercedes Rivero, MS (Co-Chair), NJMS

Sonia Garcia Laumbach, MD, RWJMS

George Heinrich, MD, NJMS

Carol Terregino, MD, RWJMS

Danitza Velasquez, MD, NJMS

Application Requirements

Prerequisites

- Allow AP/equivalent content as course substitutes.
- Permit community college courses for prerequisites, except for organic chemistry and biochemistry.

Course	Requirement
Biology (plus lab)	One year
General chemistry (plus lab)	One year
Physics (plus lab)	One semester
Math or statistics	One semester
Writing intensive or English	One year
Organic chemistry one (plus lab)	One semester
Biochemistry	One semester

Letters of Recommendation

- Three letters of recommendation
- Or**
- A committee letter if offered by the undergraduate institution

Other Requirements

- MCAT
- CASPer and/or PREview required for year one and then evaluated by the admissions committee to determine if the requirement should be revised

Proposed Interview Formats

MMI

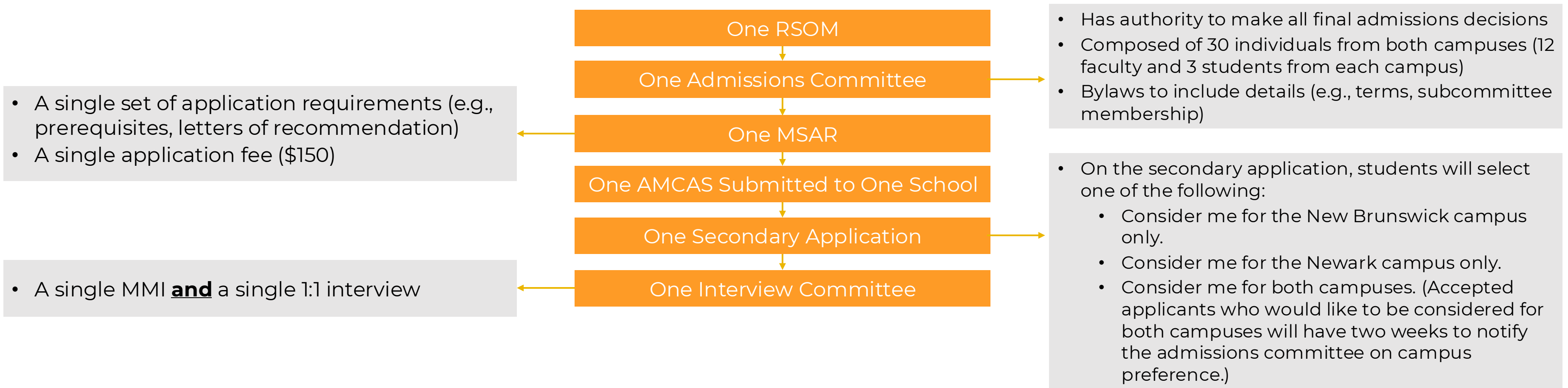
- Interviewer does not see application data before the interview.
- Six stations are mapped to preprofessional competencies.
 - Each focuses on a different competency, such as integrity and ethics or resiliency and adaptability.
- All interviewers are trained and attend a “frame of reference” before each interview session
- The candidate reads a scenario (2.0 minutes), and Preview has 6.5 minutes to respond.
- Each station receives three scores on a 1–5 rubric: communication, argument, and global. Scores are averaged to create a single interview score of 3–15.
- Comments are required and flags allowed

1:1 Structured Interview

- The 1:1 structured interview is a more traditional interview where the interviewer asks the candidate questions about their application.
- The candidate’s application is reviewed prior to the interview.
- Areas of focus may include a candidate's motivation for a career in medicine; how they may interact with peers, faculty, and patients; their interpersonal and nonverbal communication skills; their fit with the school mission, and their insights about the healthcare system.
- At the beginning of each cycle the standard set of questions will be developed.
- The interviewer provides a global score, a summary, and recommendation at the end

“Standard” MD Applicant Process Overview


Rutgers School of Medicine (RSOM) Admissions Overview





Pathway programs admissions will be overseen by the single admissions committee. The campuses can retain the unique aspects of their respective pathway programs.

Questions or Comments?



Please use the QR code below to provide questions or comments.




Which aspects of the update resonate with the group?



What additional questions need to be explored as it relates to this area of focus?



Please provide comments or questions.



Curriculum Subcommittee

Curriculum Subcommittee Members

H. Liesel Copeland, PhD (Co-Chair), RWJMS

Christin Traba, MD, MPH (Co-Chair), NJMS

Sophia Chen, DO, MPH (Co-Vice Chair), NJMS

Sarang Kim, MD (Co-Vice Chair), RWJMS

Sarah Dunn, MD, NJMS

Alla Fayngersh, MD, NJMS

Diana Glendinning, PhD, RWJMS

Malvika Kaul, PhD, RWJMS

Robert Lebeau, EdD, RWJMS

Archana Pradhan, MD, MPH, RWJMS

Ian Whitehead, PhD, NJMS

Kei Wong, MD, NJMS

Agenda



Update on
Subcommittee Work



Recommended Key
Curriculum Decisions



Next Steps

Update on Subcommittee Work

Core
Competencies

Clerkship pair
and share

Course pair and
share

Active
Learning
Working Group

Discussions
with other
medical schools

Recommended Key Curriculum Decisions

RSOM Core Competencies

<p>Patient Care*</p> 	<p>Medical Knowledge*</p> 	<p>System-Based Practice*</p> 	<p>Practice-Based Learning and Improvement*</p> 
<p>Professionalism*</p> 	<p>Interpersonal and Communication Skills*</p> 	<p>Social Justice and Health Equity</p> 	<p>Discovery and Dissemination</p> 

*ACGME Core Competencies

Overall Curriculum

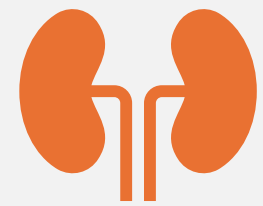


Identical objectives
and assessments



Same curriculum
content

Preclerkship Curriculum



Anatomy

Beginning of M1



Doctoring course

Stand alone course at start of M1
Longitudinal thread throughout
M1 and M2



Active learning

60% of curriculum

Examples of Active Learning



Team based learning



Case based learning



Problem solving with
practice questions



Self-directed
learning curriculum

Resources for Active Learning

Case-Based Learning

- Designated for ½ Day/Week
- Need to determine faculty to student ratios

Doctoring Course

- Designated for ½ Day/Week

Technology

- InteDashboard
- Camtasia
- 3rd Party Resources (ScholarRx, UWorld, Amboss, etc.)

Proposed 3rd Year Clerkship Schedule

Transition	Elective (2)	Elective (2) + Peds (6)	FM (4) + EM (4)	Medicine (8)	Integrative Week (1)	Surgery (8)	Vacation (2)	Elective (2) - Ob/Gyn (6)	Psych (4) + Neuro (4)	Summative OSCE
4/10-4/14	4/17-4/28	5/1-6/23	6/26-8/18	8/21-10/13	10/16-10/20	10/23-12/15	12/18-1/1	1/2-2/23	2/26-4/20	4/23-4/27

Questions that guided decision making:

- Which core clerkships should be required in 3rd year?
- What is the appropriate duration of each clerkship?
- Which options can we allow for students that need extended USMLE Step 1 study time?
- Which options allow students for remediation of clinical reasoning skills before starting 3rd year?
- How many weeks of elective is necessary?

Next Steps

Course pair and sharing

- Timeline for M1 and M2
- Structure, duration, naming of courses


Create working groups

- Preclerkship and Clerkship Grading
- Assessment for Outcomes
 - Exploring grading and assessment models



Creation of an assessment and evaluation team

Questions or Comments?



Please use the QR code below to provide questions or comments.




Which aspects of the update resonate with the group?



What additional questions need to be explored as it relates to this area of focus?



Please provide comments or questions.



Governance and Administration Subcommittee Bylaws

Governance and Administration

Subcommittee Members

Shawna Hudson, PhD(Co-Chair), RWJMS

Marc Klapholz, MD (cochair), NJMS

Keith Lewis, MD (Co-Vice Chair), RWJMS

Lisa Gittens-Williams, MD (co-vice chair),
NJMS

Christine Gerula, MD, NJMS

Nina Glass, MD, NJMS

Utz Herbig, PhD, NJMS

Nell Maloney Patel, MD, RWJMS

Ram Mani, MD, RWJMS

Renee Riggs, DO, RWJMS

Novneet Sahu, MD NJMS

Alfred Tallia, MD, RWJMS

Process

Charge: Submit a draft set of bylaws for the Rutgers School of Medicine (SOM) by September for review.

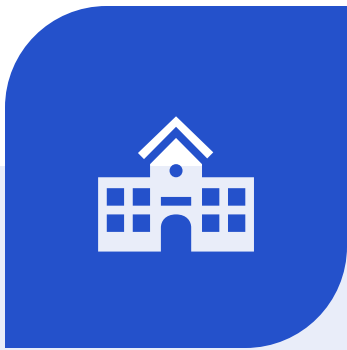
What we've done:

- ✓ Identified guiding principles for the subcommittee
- ✓ Bylaws research provided by the AAMC
 - Best Practices: definitions, models of shared governance, guidelines for writing bylaws, etc.
 - Bylaws Review: reviewed bylaws from 16 new and established schools and coded for common articles, sections, and standing committees
- ✓ Determined foundational elements, including articles and standing committees

Where we are now:

- ✓ Drafting articles
- ✓ Drafting committee descriptions

Guiding Principles for Bylaws Development



Develop One
New School
With New
Bylaws



Implement a
Shared
Governance



Keep It Simple,
Only Include
What is
Foundational



Allow For
Flexibility and
Innovation



Ensure
Representation

Anatomy and Taxonomy of Bylaws

RUTGERS SCHOOL OF MEDICINE
BYLAWS (FOR DEMONSTRATION ONLY!)

PREAMBLE:
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ARTICLE I: THE FACULTY
Section 1. MEMBERSHIP
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1.2 Eu turpis egestas pretium aenean pharetra magna ac placerat vestibulum. ...
Section 2. POWERS AND DUTIES
2.1 Potenti nullam ac tortor vitae. Id nibh tortor id aliquet lectus proin nibh nisl condimentum. Non consectetur a erat nam at lectus urna dui convallis.
2.2 Vitae congue eu consequat ac felis donec et odio pellentesque. Eu non diam phasellus vestibulum. Tellus at urna condimentum mattis. ...

...

ARTICLE N: COMMITTEES
Section 1. GENERAL
Diam sit amet nisl suscipit adipiscing bibendum est. Adipiscing vitae proin sagittis nisl rhoncus mattis. Pellentesque id nibh tortor id aliquet lectus.
Section 2. AD HOC COMMITTEES
Dictum fusce ut placerat orci nulla pellentesque. Quam lacus suspendisse faucibus interdum posuere lorem. Egestas dui id ornare arcu odio ut sem nulla pharetra.
Section 3. STANDING COMMITTEES
3.1 **Promotion and Tenure Committee**
Quis commodo odio aenean sed adipiscing diam. Pharetra vel turpis nunc eget. Ut tristique et egestas quis ipsum suspendisse ultrices gravida dictum.
3.2 **Curriculum Committee**
Nunc faucibus a pellentesque sit amet porttitor. Accumsan sit amet nulla facilisi morbi tempus iaculis urna. ...

} Article

} Article

} Article

Standing Committees

Shared Governance: “...The joint responsibility of faculty, administrations, and governing boards to govern colleges and universities. Differences in the weight of each group’s voice on a particular issue should be determined by the extent of its responsibility for and expertise on that issue.”¹

Bylaws: A set of rules that govern the operations and administration of the school and define the procedures for shared governance.

Articles: Major components of the bylaws.

Standing Committees: Committees included in the bylaws that address an ongoing, essential function of the school.

¹ FAQs on Shared Governance (n.d.). Retrieved from: <https://www.aaup.org/programs/shared-governance/faqs-shared-governance>.

What Has Been Drafted

Articles Proposed for the Rutgers SOM Bylaws

- I. Preamble
- II. The Dean
- III. The Faculty
- IV. School Organization
- V. Committees and Standing Committees
- VI. Amendment Process
- VII. Approval and Revision History

Rutgers SOM Standing Committees



Admissions



Curriculum



Executive Committee



Faculty Council



Promotion and Tenure



Research



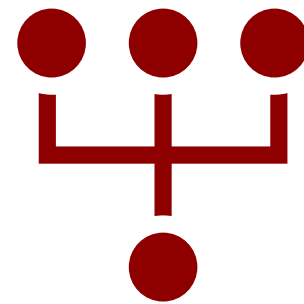
Student Promotion and Progress

What Still Needs to Be Done

Work Remaining for the Subcommittee



Draft the details of the articles.



Draft descriptions of standing committees, including membership, chairs, etc.

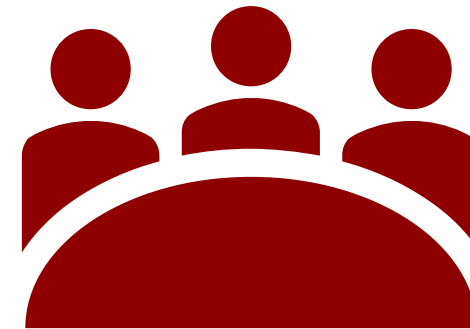


Get input from stakeholders.

The Work of Others Later




Policies and procedures that will support the implementation of the bylaws





Refreshing any committees that will continue but not be included in the bylaws

Questions or Comments?



Please use the QR code below to provide questions or comments.



Which aspects of the update resonate with the group?



What additional questions need to be explored as it relates to this area of focus?



Please provide comments or questions.

