Best Practices and Recommendations for Departmental Mentoring and Career Development Plans for Faculty at the Medical University of South Carolina

Developed by the MUSC Mentor Leadership Council *

Rev. November 24, 2014

* See appendix 1 for members of Council
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1. Introduction

The MUSC Mentor Leadership Council is an institutional committee that was approved by the Provost and Deans of all the Colleges at MUSC to develop a set of best practices and recommendations that will help foster mentoring of faculty across campus. One of the first tasks of the committee was to develop a departmental mentoring plan framework that each department can use to enhance an existing mentoring plan or develop a new plan. The departmental mentoring plan framework outlined below consists of several elements that the Mentor Leadership Council considered most important for successful mentoring within each department. Some components of this document have been adapted from some existing department mentoring programs at MUSC (Surgery, ENT, Anesthesia).

2. Framework for Departmental Mentoring Plans

2.1 A Statement of Department’s Goal on Mentoring

An Example. The goal is for all faculty of the department to achieve their individual full potential as members of the College of <name> and Medical University of South Carolina and to be rewarded for that achievement. Since the University is a place where everyone is learning, it is vital that each member of the faculty see tangible evidence of that professional growth, whether it be in the easily measured domains of writing papers for publication, writing and receiving grants, or preparing and presenting lectures for students and trainees of our colleges, or in the less easily measured aspects of teaching students, residents and fellows, mentoring young investigators and junior faculty, or developing clinical expertise by specializing in some area of clinical medicine. It is incumbent on faculty members, their mentors, Department Chairs, and the university leadership to see that tangible progress is being made and documented. This mentoring plan is designed to assist in this process.

2.2 Description of Promotion and Tenure Process within Department

Each College at MUSC has different tracks and ranks and a process through promotion in which faculty progress is documented. The various ranks in our Department and College are listed below with guidelines for achieving them.

- Provide list of tracks and ranks within Department and criteria for achieving them.
- Provide links to Department and College websites for more details
- Provide description of how Department’s Promotion and Tenure Committee operates

2.3 Documentation of Career Development

In order to achieve promotion and tenure, the professional growth of the faculty member must be documented. In addition to an up-to-date curriculum vitae in the format required by the College in which your Department resides (provide website for this), portfolios of your research, teaching, and clinical accomplishments are important to develop and keep updated as you
progress through the academic ranks. To advance through the academic ranks the quality of the faculty member’s individual scholarship is of critical importance, but depending on your track, more emphasis will need to be placed on a specific portfolio e.g., for academic investigators, the research portfolio is most important, whereas for a faculty member in an academic educator track, the teaching portfolio is of primary importance. The typical components of each of these portfolios include but are not limited to the following:

**Academic Researcher Portfolio**

1. Completion of educational requirements necessary for career in academic research
2. First authored original publications (with impact factor information if possible)
3. Senior authored original publications (indicate whether the first author was someone you mentored)
4. Co-authored original publications
5. Other publications, e.g., review papers, book chapters, textbooks
6. Career training grant awards
7. Independent grant awards as PI
8. Grant awards as Co-investigator
9. Presentations of research at national / international meetings
10. Peer recognition for research activities including invitations to present at national / international meetings and other universities
11. National recognition as evidenced by election to specialty societies, editorial boards, service on national committees, NIH study sections, grant review panels of other funding agencies
12. Institutional or external research awards
13. Mentoring achievements: individuals mentored, achievements of mentees including grants received and important publications of mentees under your guidance, and where mentees are today
14. Membership and involvement in professional and scientific organizations
15. Contributions to research-oriented committees at department, college, university, community, state, regional, national and international levels
16. Leadership roles in research in appropriate department, college, or university

**Academic Educator Portfolio**

A teaching portfolio includes documents and materials that show the scope, quality, and creativity of faculty members’ teaching efforts, progress, and achievements. Reflection is an integral part of the portfolio and shows how faculty members have integrated new learning with their teaching philosophy and performance.

The typical components of a teaching portfolio include the following:
1. Completion of educational requirements necessary for career in academic teaching
2. Philosophy of teaching and learning
3. Teaching goals for student accomplishment
4. Teaching methods and evaluation strategies
5. Participation in course and/or curriculum development
6. Engagement in the scholarship of teaching and learning (SoTL)
7. Evidence of teaching accomplishments
   a. Description of types of different teaching activities such as formal courses, small group seminars, one-on-one tutorials, supervision of student research projects, chairing thesis or doctoral committees, and coaching manuscript preparation for students, residents, and fellows
   b. Course materials (syllabi, readings, handouts, assignments, examinations)
   c. Samples of teaching innovation (simulation, educational technology)
   d. Samples of manuscripts related to teaching and/or educational activities
   e. Student, resident and fellow evaluations of teaching
   f. Peer evaluations of teaching
   g. Audience evaluations of presentations at state or national meetings
   h. Membership in departmental, college, university, society, community, state, regional, national, and international committees or organizations related to teaching
   i. First authored publications (papers, chapters, reviews, textbooks) related to teaching
   j. Senior authored publications (papers, chapters, reviews, textbooks) related to teaching
   k. Co-authored publications (papers, chapters, reviews, textbooks) related to teaching
   l. Grant awards related to teaching
   m. Presentations on teaching at national/international meetings
   n. Leadership roles in teaching in appropriate department, college, or university
   o. Honors and awards for teaching
8. Mentoring achievements in teaching: individuals mentored, achievements of mentees in teaching arena, and where mentees are today

**Academic Clinician Portfolio**

1. Completion of educational requirements necessary for career as an academic clinician, including certification by appropriate specialty board
2. Evidence of a heavy clinical load
3. Evidence of excellence in high quality patient care
4. Development of innovative clinic practices i.e., new clinical services that the faculty member established or participated in e.g., telemedicine, new surgical technique
5. Evidence of organization of clinical services to provide an optimal setting for medical education and a database for research
6. Evidence of excellence in clinical training of students, residents, and fellows
7. Documentation of teaching activities including formal lectures, grand rounds, and continuing medical education
8. Superior evaluations of teaching by students, residents, fellows, peers, course directors, and department chairs
9. First authored publications (papers, chapters, reviews, textbooks)
10. Senior authored publications (papers, chapters, reviews, textbooks)
11. Co-authored publications (papers, chapters, reviews, textbooks)
12. Presentations at national or international meetings
13. Peer recognition for clinical activities including invitations to present at national / international meetings and other universities
14. Co-investigator on research grant awards
15. Mentoring achievements: clinicians trained, achievements of trainees, and where trainees are today
16. Membership and involvement in professional and scientific organizations
17. Contributions to clinically oriented committees at department, college, university, community, state, regional, national and international levels
18. Leadership roles in clinical activities in appropriate department, college, or university

At most universities there are unique cases where faculty members’ roles are not primarily in research, teaching, or clinical activities, but rather may serve in extramural program development, as reference librarians, instructional technologists and designers, curriculum designers, and providers of academic support for students, as examples. In such cases the fundamental anchor for promotion and tenure is scholarship. Opportunities for scholarship exist in many areas including discovery, application, integration, and teaching such as the development of local and global initiatives, the development of online programs of study, research related to the use of educational technology, and the design and implementation of faculty development opportunities. These scholarship activities may be conducted individually or in collaboration with others. Evidence of scholarship typically includes publications in peer reviewed journals, a strong national visibility related to area(s) of expertise, and evidence of funding. Each college/unit may differ in the tracks it offers for its faculty members and thereby influence the likely nature and direction of scholarship. No matter the individual circumstance, one of the most fundamental components of seeking promotion and/or tenure is to determine at the time of faculty appointment the expectations for promotion and tenure, and have a mentor to help guide and advise in this process.

2.4 Resources Available for Faculty Development

Resources are required for optimal faculty development and may be found in the department, at the institutional level, and at the state or national level.

Departmental Resources

*Describe Department’s resources for supporting faculty development:

Examples:

i. how protected time for research or teaching is decided;
ii. personnel support, e.g. for administrative assistants, research nurses, nurse practitioners, physician assistants, lab technicians;
iii. Departmental funds available for supporting pilot studies;
iv. statistical support within the Department (if any);
v. laboratory facilities;
vi. travel to scientific meetings, and purchase of books, journals or software.*
In addition to the department’s resources, a detailed list of institutional and state and national resources for supporting clinical and translational research, basic science research, and education are provided on the South Carolina Translational Research (SCTR) Institute’s website (www.sctr.musc.edu) and the College of Medicine’s Faculty Affairs Mentoring & Resources website (http://academicdepartments.musc.edu/com/faculty/FA_Mentoring_Resources.htm).

It is also important for all faculty to be aware of two important faculty groups on campus that serve important organizational, support and advocacy roles for faculty:

**The Faculty Senate** is the representative body of the Medical University of South Carolina faculty (http://academicDepartments.musc.edu/faculty_senate). The Senate’s recommendations reflect and advocate the faculty's collective interests to further the university's mission. The mission of the MUSC Faculty Senate is to represent the views, needs, and interests of faculty in the educational, research, and service programs of the university. One of the important roles of the Faculty Senate is arranging the New Faculty Orientation Program. This is a biannual event that includes a general welcome from key leaders at MUSC and breakout sessions detailing clinical, research, and teaching resources specific to MUSC. The Faculty Senate also provides Town Hall Meetings and Workshops several times a year to update the faculty on University Initiatives, Tenure and Promotion, and other relevant topics.

**MUSC Initiative for the Advancement, Recruitment, and Retention of Women (ARROW Initiative)** is a joint initiative of the Office of Academic Affairs and the Office of the President with a long-term goal of promoting careers of women faculty. This organization provides a monthly workshop series (recent topics include promotion and tenure, work/life balance, contract negotiation, financial planning, and establishing good mentoring relationships). Other events sponsored by ARROW include the annual Eminent Scholar Seminar and Award, which brings an eminent scientist to MUSC to talk about his/her work and visit with MUSC faculty members. Past Eminent Scholars include members of the National Academy of Sciences and the Howard Hughes Medical Institute. ARROW sponsors the John R. Raymond Fellowship, an annual award made to a junior faculty member to be used towards building a collaboration with a renowned expert (male or female) in her field. ARROW also sponsors a number of peer mentoring events and roundtables. ARROW events are open to all MUSC faculty. Learn more at (http://academicdepartments.musc.edu/arrowinitiative/).

2.5 Hiring of New Faculty and Initial Mentoring

Successful faculty development begins during the hiring phase of a new faculty recruit. When new faculty members fail to fulfill their potential or get frustrated professionally, it can sometimes be traced back to a failure in the hiring process, e.g., misunderstanding the demands of the position by the new recruit, not knowing about impending decisions that could impact the job, not negotiating for adequate resources to be successful, or not identifying a committed mentor.

As such, departmental mentoring plans should place special emphasis on the process of hiring new junior (assistant professor or lower rank) or mid-level (associate professor) faculty. In this
regard, the Mentor Leadership Council recommends that once a decision is made to seriously consider hiring such a new faculty candidate, a member of the department who met and interacted well with the recruit during the initial interview and who is willing to be the interim mentor for the new recruit should be identified. Ideally this should be a senior faculty member (not the Department Chair) who would not be competing in any direct or indirect way for resources with the new recruit. This mentor should be familiar with the candidate’s career plans and know what the needs of the recruit are to be successful. The mentor would then work with the Chair, acting as an advocate for the new hire in the negotiation process. Aspects of the negotiation process that could constitute a conflict of interest for the interim mentor (e.g., salary of hire, financial component of a start-up package, number of clinics per week if mentor would be impacted by that arrangement) should be excluded from the items that the interim mentor would assist with during the negotiations. Some of the items that the interim mentor could assist with during the negotiations are:

- deciding on the right track and rank
- % effort for clinical activities including after-hours call (if not a conflict for the interim mentor)
- % effort for teaching (if not a conflict for the interim mentor)
- adequate protected time for research and teaching effort
- adequate support for administrative, clinical (e.g. nurse practitioner or physician assistant), and research efforts (e.g. research nurse, lab technician)
- development of a mentoring team. The initial mentor can help the recruit develop a mentoring team. This can start during the interview process by introducing the candidate to potential members of a mentoring team and continue once the new faculty member arrives

The final offer letter from the Department Chair to the new hire should include specifics on each of the above items including identification of the interim mentor(s).

Attendance at a new faculty orientation session should be compulsory for all new faculty within 1-3 months of arrival at MUSC. These orientation sessions are described under Faculty Senate in section 2.4 above.

2.6 Existing Faculty

All existing faculty at ranks lower than full professor should have a lead mentor and possibly a mentoring team (see 2.7 below). If an existing faculty member does not have a mentor, the faculty member and the Department Chair should meet to discuss the assignment of an interim mentor. This interim mentor should have the same characteristics as those described above in 2.5 for new faculty, i.e., a senior faculty member (not the Department Chair) who would not be competing in any direct or indirect way for resources with the mentee. The interim mentor would then help the faculty member come up with an individual development plan (IDP) and introduce the faculty member to other potential mentors that might be part of a mentoring team, one of whom may assume the role of lead mentor later on if that is mutually agreed upon by all parties. A meeting between the faculty member, lead mentor, and Chair should be arranged to discuss the resources that are needed for the faculty member to be successful. Many of the bullet items listed
in 2.5 above may have to be addressed to help with the professional development of the existing faculty member.

2.7 Mentoring Plans and Agreements

Each department should establish a faculty mentoring plan that is based on the department’s unique resources and the needs of its faculty. Many different models for successful mentoring at academic medical centers have been proposed. Some of these models are specific for research mentoring whereas others are focused on specific subspecialties. An additional resource to help the leadership of each department develop a mentoring plan specific to its needs is this AAMC website which contains several different documents related to mentoring.


Regardless of which mentoring model is considered most effective for a particular department, the Mentor Leadership Council suggest the following guidelines in developing the model:

- Each Department Chair should assign a senior faculty member who is passionate about mentoring as a mentoring champion for that department. In some cases, the Department Chair may decide to take on the role of the mentoring champion. The champion’s role is to design a faculty mentoring plan for the department based on the department’s resources and needs of the faculty using this document as a framework, to implement the plan, to monitor each mentee – mentor partnership in the department and suggest solutions when problems arise, and to network with mentor champions in other departments and the Chair of the Mentor Leadership Council to enhance mentoring programs across campus. Some level of salary support for departmental mentoring champions should be considered given the scope of their responsibilities.

- The responsibility of developing an individual mentoring plan for each faculty member should be shared by the individual faculty member, the lead mentor, and the mentoring champion or Department Chair.

- A successful mentoring plan provides guidance in several different areas including: advice in area of focus (e.g., research, teaching, clinical care); professional development, which should include an active role for the mentor in promoting the career of the mentee (e.g., suggesting role for mentee on a grant review panel or scientific writing committee, introducing the mentee to leading experts in the field, etc); monitoring the progress of the mentee; helping to ensure academic promotion of the mentee at MUSC; academic career guidance; and psychosocial support.

- The traditional model of one-on-one mentoring may not be effective for each faculty member and a team approach to mentoring may be more effective. Successful junior faculty often learn to rely on different mentors, including peers, for each of these components of the mentoring plan listed above, i.e., they use a team of mentors rather than an individual mentor. Typically this team would consist of a scholarly mentor who is an expert in the scientific or scholarly area of the mentee and a career mentor who is a senior faculty member who provides career guidance and support. These different roles
can sometimes be performed effectively by one mentor. Developing a mentoring team for a faculty member may take time and trial and error. The interim mentor, mentoring champion, and the Department Chair will have important roles in helping the mentee develop an effective mentoring team.

- Regardless of whether the mentee has a single mentor or a team of mentors, one mentor should be the lead mentor. Initially, the assigned interim mentor will be the lead mentor but this could change by mutual agreement of all parties if the faculty member identifies another willing potential mentor that might be better suited for the lead mentor role.

To ensure that each mentee–mentor relationship is an effective one and for each party to understand their commitments to that process, we recommend that a formal agreement between the mentee and each mentor should be reached that describes how they will work together and collaborate on the development of a mentoring plan. Examples of this type of agreement are found on the SCTR Mentoring Resources webpage. Meetings between the mentee and the career mentor should occur at least twice per year to review the mentee’s updated curriculum vitae and Individual Development Plan (IDP). An example of an IDP is provided on SCTR’s Mentoring Resources webpage. The frequency of meetings between the mentee and the scholarly mentor are typically 1-4 times per month to discuss the progress of research or scholarly activities, grant and manuscript preparations, facilitating networking, provide guidance on coursework and training opportunities.

2.8 Developing, Training and Rewarding Mentors Within the Department

Mentoring should be part of each faculty member’s Departmental and academic responsibilities. Mentoring is professionally stimulating and personally satisfying, and is a way of giving back to the profession. There is a continuum in mentoring from teaching and advising students and trainees to assisting faculty colleagues with research and career development, often across college or departmental lines. These mentoring relationships are critical and are part of the fabric of an academic institution. While this document focuses on faculty development, it is important for all faculty to mentor students and trainees. In this regard, the College of Graduate Studies requires all new faculty interested in training graduate students or postdoctoral fellows to become a member of the College’s faculty. The information for applying for membership can be found at www.musc.edu/grad.

While the skills required for effective mentoring come naturally to some faculty, even those mentors could benefit from mentoring training programs. In this regard, SCTR plans to offer an annual mentor training program based on a successful program at UCSF that trains health science researchers to be effective mentors. As part of a departmental mentoring program, we recommend that all faculty participate in such a training program every 3-5 years.

Although each department should require all faculty to mentor in some capacity, Department Chairs should also recognize that much of the faculty mentoring is often done by a few passionate and successful mentors. Junior faculty tend to gravitate to successful mentors. This
presents a challenge for the successful mentor in terms of providing sufficient time to mentor several mentees. One way to do this for mid-career or senior scientists is to apply for mentoring awards from NIH (K05, K07, or K24 grants) that can provide up to 50% salary support for 5 years (renewable for another 5 years in some NIH institutes). Some members of the Mentor Leadership Council and other faculty members at MUSC are current or past recipients of these awards and can help other faculty apply for these awards. Contact the Office of Research Development if you are interested in applying for a K05, K07, or K24 award, and their staff will connect you with a current or past recipient of one of these awards.

Departments should also consider ways of supporting and rewarding successful, in-demand faculty mentors who are typically already over-committed with their own research, clinical, educational, or administrative responsibilities. Without this support, the Mentor Leadership Council is concerned that those mentors will limit the amount of mentoring they will take on as they are forced to support their effort through other reimbursable activities. Since these mentoring activities are key to the success of junior faculty achieving career goals (e.g. obtaining NIH funding), which in turn brings the department and the institution prestige and additional resources, it is key that departmental and institutional leadership develop strategies to reward successful faculty mentors. These strategies could include:

- providing salary support for those mentors with a particularly heavy mentoring load
- providing a financial bonus for successful mentoring
- providing annual awards for successful faculty mentors
- ensuring that successful mentoring is a criterion to be used for promotion.

### 2.9 Metrics of Successful Mentoring

To determine the success of each mentee – mentor relationship and the department mentoring plan, metrics need to be developed for measuring these criteria. The mentee and mentor in each relationship should be required to complete a confidential evaluation report at least annually which should be reviewed by the Department Chair.

Other metrics that should be used to determine the effectiveness of the mentee – mentor relationship will depend on whether mentoring is related primarily to research, education, or clinical activities.

**Research-related metrics for determining the effectiveness of mentoring**

- number of grants submitted by mentee under the mentor’s guidance
- number of these grants funded
- number of original publications under the mentor’s guidance
- importance of original publications under the mentor’s guidance (e.g., impact factor, editorial written on paper)
- career development progress of mentee while guided by the mentor, e.g., presentation of research at national / international meetings, invited presentations at meetings or other universities, election to study sections or specialty societies, promotion of mentee
- research awards of mentee under the mentor’s guidance
Teaching related metrics for determining the effectiveness of mentoring

- teaching accomplishments of mentee under mentor’s guidance, e.g., formal courses taught, course materials developed, innovative teaching methods developed
- number of education publications under the mentor’s guidance
- importance of education publications under the mentor’s guidance (e.g., impact factor, editorial written on paper)
- number of education grants submitted by mentee under the mentor’s guidance
- number of these grants funded
- career development progress of mentee while guided by the mentor, e.g., presentations at national / international meetings, invited presentations at meetings or other universities, membership in education committees in or outside of the institution, promotion of mentee
- honors and awards for teaching to the mentee under the mentor’s guidance

Clinical related metrics for determining the effectiveness of mentoring

- number of presentations at institutional, national, or international meetings by trainees (students, residents, and fellows) or junior clinical faculty under the mentor’s guidance
- number of publications by trainees (students, residents, and fellows) or junior clinical faculty under the mentor’s guidance
- innovative clinical care developed by junior faculty under mentor’s guidance
- career development progress of trainees and junior clinical faculty while guided by the mentor, e.g., graduation from clinical training program of trainees and subsequent positions, invitations to junior clinical faculty to present at meetings or other universities, junior faculty participating as members in clinical committees in or outside of the institution, promotion of junior clinical faculty
- honors and awards for teaching to the junior faculty member under the mentor’s guidance

Metrics to determine the overall effectiveness of the departmental mentoring plan should include:

- surveys of faculty on their satisfaction with the plan and their job overall
- attrition of faculty within the department, especially junior and mid-level faculty
- promotion of faculty within the department
- number of successful mid-career awards for trained mentors NIH (K05, K07, or K24 grants)
- number of career development awards of mentees (e.g., K23, K08, KL2)
- total funding from all mentored activities
- total number of publications overseen by mentors
- an external review of the mentoring program by a senior member of the College leadership designated by the Dean every 3-5 years
2.10 Role of Chairs, Promotion Committees, and Deans

The Department Chair is ultimately responsible for ensuring that all faculty in the department are mentored successfully. This includes overseeing the development of a specific mentoring plan for the department and monitoring the effectiveness of the plan. The Chair should meet with each mentee at least annually to review the progress of the mentee and the effectiveness of the mentee – lead mentor relationship, and to ensure that areas of concentration facilitate the mentee’s successful career development and departmental strategic plan. The Chair may also suggest and facilitate a change of mentor(s) if the relationship is not deemed beneficial for either participant.

The department’s internal promotions committee should also review the mentee’s career development annually, list what is missing in the faculty members portfolio for promotion, and make specific recommendations about how to achieve promotion to the Chair (or faculty member directly).

The Deans of the colleges should hold the Department Chairs accountable for ensuring that their faculty are well mentored and are being promoted, and organize periodic reviews of each department’s mentoring plan.
References

# Appendix 1: Members of the Mentor Leadership Council

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Department(s)/College</th>
<th>Dates of Service</th>
</tr>
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<tbody>
<tr>
<td>Jeannette Andrews*, PhD, APRN-BC, FNP</td>
<td>Associate Dean for Research and Evaluation; Associate Professor, College of Nursing</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Craig Beeson, PhD</td>
<td>Associate Professor of Pharmaceutical and Biomedical Sciences, College of Pharmacy</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Heather Shaw Bonilha, PhD, CCC-SLP</td>
<td>Associate Professor of Health Sciences &amp; Research, College of Health Professions</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Keith Borg, MD, PhD</td>
<td>Assistant Professor of Medicine, College of Medicine</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Kathleen T. Brady, MD, PhD</td>
<td>Associate Dean for Clinical Research, College of Medicine; Associate Provost, Clinical &amp; Translational Research; Professor of Psychiatry</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Marc Chimowitz, MBChB</td>
<td>Associate Dean of Faculty Affairs and Faculty Development; Professor of Neurology, College of Medicine</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Lisa Cunningham, PhD</td>
<td>Assistant Professor of Pathology and Laboratory Medicine, College of Medicine</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Leonard Egede, MD, MS</td>
<td>Associate Professor of Medicine, College of Medicine</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Perry Halushka, MD, PhD</td>
<td>Distinguished University Professor; Professor of Cell and Molecular Pharmacology, College of Medicine</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Kathie Hermayer, MD, MS</td>
<td>Professor of Medicine and Endocrinology, College of Medicine; Director of the Diabetes Management Service; Medical Director of Hospital Diabetes Services</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Thomas Hulsey, ScD</td>
<td>Professor -Director, Division of Pediatric Epidemiology; Assistant Dean for Global Education Programs, College of Graduate Studies, College of Medicine</td>
<td>2010 - 2014</td>
</tr>
<tr>
<td>Keith Kirkwood, DDS, PhD</td>
<td>Associate Dean for Research, College of Dental Medicine; Dept. of Craniofacial Biology, Chair; Professor of Oral Health Sciences and Microbiology &amp; Immunology</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Edward Krug, PhD</td>
<td>Associate Professor of Regenerative Medicine and Cell Biology, College of Medicine; Associate Dean for Postdoctoral Affairs, College of Graduate Studies</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Bonnie Martin-Harris, PhD</td>
<td>Associate Professor and Director, College of Health Professions; Professor of Otolaryngology – Head and Neck Surgery, College of Medicine</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Mary Mauldin, EdD</td>
<td>Professor of Library Science and Informatics, Department of Library Science and Informatics</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Jacqueline F. McGinty, PhD</td>
<td>Interim Dean &amp; Associate Dean for Research, College of Graduate Studies; Professor of Neurosciences, Psychiatry &amp; Behavioral Sciences, College of Medicine</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Maralynne D. Mitcham, PhD</td>
<td>Director, Division of Occupational Therapy; Professor of Health Professions, College of Health Professions</td>
<td>2010 - 2014</td>
</tr>
<tr>
<td>Carrie Randall, PhD</td>
<td>Distinguished University Professor; Professor of Psychiatry &amp; Behavioral Sciences and Neurosciences, College of Medicine</td>
<td>2010 - Present</td>
</tr>
<tr>
<td>Joann Sullivan, PhD</td>
<td>Professor of Library Science and Informatics; Director Office of Research Development, MUSC; Department of Library Science and Informatics</td>
<td>2010 - Present</td>
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### Additional Committee Members

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<tr>
<th>Name</th>
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<th>Dates of Service</th>
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<tbody>
<tr>
<td>Kristyn Zajac, PhD</td>
<td>Assistant Professor of Psychiatry &amp; Behavioral Sciences, College of Medicine</td>
<td>2011 - Present</td>
</tr>
<tr>
<td>Bernadette Marriott, PhD</td>
<td>Professor, Department of Medicine, College of Medicine</td>
<td>2012 - 2013</td>
</tr>
<tr>
<td>Leonardo Bonilha, MD, PhD</td>
<td>Assistant Professor of Neurology, College of Medicine</td>
<td>2014 - Present</td>
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