In 2012, the faculty in the Department of Family Medicine endorsed using the College of Medicine’s Appointments, Promotion, and Tenure Document (http://oaa.osu.edu/assets/files/documents/MED-APT.pdf) rather than creating a separate document. The following amendment has been approved by the faculty.

- Appointments criteria, Section IV.A
ADDITIONAL I- PROMOTION AND TENURE AND PROMOTION CRITERIA

DEPARTMENT OF FAMILY MEDICINE

Outlined below are the Department of Family Medicine’s formal criteria for academic advancement, including promotion on each faculty track and awarding of tenure. This information is intended to provide a standard against which the Department’s Appointments, Promotion and Tenure document is evaluated for formal approval by the College of Medicine. It is understood that the College of Medicine expects that when the Department of Family Medicine forwards the dossier of a candidate for review and has recommended promotion and/or granting of tenure, every diligent effort has been made to ensure the qualifications of the candidate meet or exceed applicable criteria.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised. It is recognized that as the College of Medicine diversifies and places new emphasis on interdisciplinary endeavors and program development, instances will arise in which the proper work of faculty members, regardless of department, may depart from established academic patterns, especially with regard to awarding tenure. Thus, at the department level, care must be exercised to apply criteria flexibly, but without compromise in requiring the essential qualifications for promotion. Insistence upon this high standard for faculty is necessary for the maintenance and enhancement of the University as an institution dedicated to the discovery and transmission of knowledge.

Although institutional citizenship and collegiality cannot be used as an independent criterion for promotion or tenure, these positive attributes characterize the ability of a faculty member to effectively contribute to exemplary scholarship, teaching and service. A commitment to these values and principles can be demonstrated by constructive responses to and participation in University, College of Medicine, and Department of Family Medicine initiatives. Examples include participation in faculty governance, outreach and service, ethical behavior, adherence to principles of responsible conduct of research, constructive conduct and behavior during the discharge of duties, responsibilities and authority, and the exercise of rights and privileges of a member of the faculty as reflected in the “Statement of Professional Ethics” of the American Association of University Professors.

Annually, the OSU Office of Academic Affairs establishes specific guidelines, procedures, and schedules for the review of candidates for promotion and tenure. The Dean of the College of Medicine also establishes and communicates the latest date for the receipt of dossiers for annual consideration by the College. At this point, faculty in the Department of Family Medicine who are interested in being considered for promotion or promotion and tenure will prepare their dossiers accordingly. Upon review and action at the Department level, the respective dossier(s) will be submitted to the College for further consideration. Upon receipt of each candidate’s dossier, the Dean of the College of Medicine will submit the respective dossier to the College’s Appointments, Promotion and Tenure Advisory Committee for formal review. The committee will review the dossier, consistent with responsibilities
described in Section X of the preceding document, and convey to the Dean in writing a recommended action to be taken. The Dean will consider the recommendations of the committee and will convey, in writing, a recommended action to the Executive Vice President and Provost.

1. PROMOTION OF TENURE TRACK FACULTY

a. Associate Professor With Tenure

The awarding of tenure is an acknowledgment of excellence and future potential for preeminence. It requires evidence of consistent achievement throughout the professional life of the faculty member. Promotion to the rank of associate professor with tenure occurs when a faculty member exhibits convincing evidence of excellence in the discovery and dissemination of new knowledge, as demonstrated by a national level of significance and recognition of scholarship. In addition, excellence in teaching and outstanding service to OSU is required, but alone is not sufficient for promotion and awarding of tenure. These three key achievements: scholarship, teaching, and service, are individually discussed below.

Achievement of a national reputation is a prerequisite for promotion to associate professor and awarding of tenure. Objective examples of a national reputation include service on NIH or equivalent grant review panels, participation on federal steering, guideline or advisory committees, selection for service in a national professional society, invitation for lectureships or scholarly reviews, receipt of national scientific awards, external letters of evaluation and other measures of national impact.

Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one’s field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. While individual circumstances may vary, both the quantity and quality of publications should be considered. Metrics that are useful in assessing a candidate include the total number of citations of their publications, the impact factor of journals in which they have published, and their H-index. A sustained record of high quality and quantity of scholarly productivity as an assistant professor is required for promotion to the rank of associate professor. Specific metrics in support of excellence in scholarship may be position-specific. For examples, clinician investigators will have less time available for research than basic investigators and appropriate adjustments of these criteria should be made. The range of publications may be slightly adjusted in relation to the proportion of the faculty member’s effort that is allocated to clinical service. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member’s record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.
The Department of Family Medicine has defined in this present Appointments, Promotion and Tenure document, an acceptable range of scholarly productivity. It also has explicitly balanced qualitative and quantitative accomplishments to guide promotion and tenure decisions. Examples of discipline specific considerations include publications in highly specialized journals that may have a high impact in the field, but a relatively low overall impact factor and citation index. Expectations regarding scholarship may be adjusted according to the extent of the faculty member’s commitment to clinical service, teaching, or administrative duties. The extent of those activities will be documented in the annual reviews of faculty members and will be included in the departmental promotion and/or promotion reviews.

Evidence of sustained or multiple grant support is another crucial indicator of expertise in the field. Candidates for promotion to associate professor with tenure who are without significant clinical responsibilities must have obtained significant national-level funding, for example, NIH funding as a principal investigator (PI) on an R01 or as one of several program directors or principal investigators on a large NIH grant (multiple-PD/PI) (i.e., multicenter R01 or equivalent such as a project on a P01, U54), or equivalent funding from sources such as the Health Services and Resources Administration (HRSA), the Agency for Healthcare Research and Quality (AHRQ), or the National Science Foundation (NSF) or have obtained a mentored career development award, e.g., K23 or K08. They should ideally have demonstrated sustainability of their research program by renewal of the respective national-level award and/or by garnering a second distinct NIH award and/or another nationally competitive, peer-reviewed grant project from an equivalent agency or organization. The latter may include support from prominent national charitable foundations (e.g., American Heart Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense, and the National Science Foundation.

Faculty members are encouraged to collaborate with other investigators and are encouraged to meet the requirement for extramural support for their research as one of several program directors or principal investigators on network-type or center grants (multiple-PD/PI) or, in some circumstances, by serving as a co-investigator on multiple NIH grants. Alternatively, for clinicians, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies which meet the equivalent criteria of extramural funding.

Beyond basic and translational investigation, development of innovative programs in clinical science, public health and community research, comparative effectiveness research, implementation science, and diffusion research are acceptable fields of inquiry in this track.

Although the total body of scholarship over the course of a career is considered in promotion and tenure decisions, the highest priority is placed on scholarly achievements while a faculty member at The Ohio State University. It should be appreciated that evidence of scholarship below the specified range does not preclude a positive promotion decision and that
scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or in the context of poor performance in other areas.

Entrepreneurship is a special form of scholarship. Entrepreneurship includes patents and licenses of invention disclosures, software development, and materials transfers (e.g., novel plasmids, transgenic animals, cell lines, antibodies, and similar reagents), technology commercialization, formation of startup companies and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the Department of Family Medicine and College of Medicine will analyze these flexibly. Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer-reviewed manuscript, licensing activities that generate revenues should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. These entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier.

**Teaching and Mentoring:** A distinctive record of teaching and mentoring excellence is required for promotion and tenure. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues, and national peers. Teaching awards and other honors also are highly supportive of teaching excellence. A faculty member may also demonstrate a favorable impact on teaching and training programs, including curricular innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of impactful, innovative programs that integrate teaching, research and patient care are valued.

Teaching excellence is most commonly demonstrated in this track through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards F31, F32 or other mentored fellowship awards for graduate students or postdoctoral fellows is highly valued as a teaching and mentoring activity.

**Service:** Service includes administrative service to OSU, excellent patient care, program development, professional service appropriate to the faculty member's career track, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to Department, College of Medicine, Medical Center, and/or University committees and affirmative action or mentoring activities. Evidence of professional service can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes: reviewers of proposals, external examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion. Table 1, next page, provides a summary of expected benchmarks for promotion to associate professor with tenure.
Table 1: Summary of representative metrics used to assess suitability for promotion to the rank of Associate Professor with tenure*

<table>
<thead>
<tr>
<th>Peer-review publications</th>
<th>Grants and Patents</th>
<th>Teaching</th>
<th>Service and National Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 or more articles in journals with impact factors of 0.5 – 4.5 or an H-index of 22 or above. As a general guideline 20 or more peer reviewed publications since appointment as an assistant professor at OSU.</td>
<td>PI or multiple-PD/PI on one funded R01 or equivalent (see narrative) that has been renewed or the combination of a current or prior R01 plus either a) a second R01 or b) an additional funded national grant; or c) patents generating licensing income.</td>
<td>Teaching awards; positive lecture evaluations from regional/national audience; or K-award mentorship.</td>
<td>Department, Medical Center, University committees; appropriate roles in professional societies; regular or multiple ad hoc federal study section membership; service as an regular or multiple ad hoc journal reviewer; or on editorial boards.</td>
</tr>
</tbody>
</table>

For clinicians seeking tenure, accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. For example, a 25 to 50% clinical commitment might reduce the required number of publications and H index by 25%. Publication in specialized clinical journals would reduce the impact factor requirement. However, evidence of at least co-investigator status in one of the grant categories listed above is a prerequisite to tenure. For clinicians with a greater than 50% clinical commitment there should be either evidence of co-investigator status in one of the grant categories listed above as a prerequisite to tenure and/or strong publication record (i.e., \( \geq 30 \) peer review publications) coupled with clear evidence of a national reputation for clinical excellence and innovation. Similar accommodations can be made on the basis of educational commitments.

b. Associate Professor Without Tenure

Promotion to Associate Professor without Tenure is available to faculty members with 11-year probationary periods. The criteria for promotion will require a level and pattern of achievement that demonstrates that the candidate is making significant progress toward tenure, but has not yet achieved all the requisite criteria for promotion with tenure. It is expected that promotion to associate professor without tenure will be common in the College of Medicine among scholars with clinical roles prior to completion of the 11-year probationary period. The Department of Family Medicine may propose a faculty member for promotion consideration (without tenure) in cases where the faculty member is making progress but has not achieved the necessary requirements for tenure. In addition faculty committees (Department or College) or administrators (Chair or Dean) may determine that a faculty member’s accomplishments do not merit tenure and may recommend promotion without tenure even if a faculty member has requested promotion with tenure. Promotion without tenure may only occur if a candidate is not in the mandatory review year. If a
clinician candidate is promoted without tenure, the tenure review must occur within six years, and no later than the mandatory review year, whichever comes first.

**Scholarship:** Qualitative indicators consistent with promotion without tenure might include an advancing record of scholarly excellence that demonstrates substantial progress toward meeting the scholarship expectations for the award of tenure. This may be demonstrated by publications in high quality peer-reviewed journals, evidence of emerging external recognition, and progress toward an extramurally supported research program. An example might be clear evidence of escalating productivity indicating acquisition of momentum that will propel the candidate toward the sustained record of productivity required for promotion. Publications in journals of lesser impact that reflect the preliminary stages of development of a research career, or a predominance of publications in which the candidate is not first or senior author are also examples. Criteria for a promising trajectory in extramural funding might be reflected by serving as a PI or multiple-PD/PI on a new NIH grant award, as co-investigator on several NIH projects, as PI on local extramural grants, or as local principal investigator for multi-center clinical trials may also meet the requirement of extramural funding. Evidence of an emerging national recognition might include invitations to lecture at statewide or regional institutions or scientific meetings. Although the quality of scholarship is of the utmost importance, quantity is also important, and the record of accomplishment must demonstrate discovery of a substantial body of important, new knowledge.

Per Table 2, next page, the Department of Family Medicine has defined a range of productivity that is below the range specified for promotion with tenure to serve as a guideline for faculty and for faculty annual evaluations. These criteria explicitly balance qualitative and quantitative criteria for promotion.

**Teaching and Mentoring:** Indicators of teaching consistent with promotion without tenure might include a record of teaching excellence involving a single group of trainees, a clear trend of improving teaching evaluations, or divisional (as opposed to department or college-wide) teaching awards. Teaching excellence may also be demonstrated through evaluations for presentations at other academic institutions, scientific or professional societies, or other hospitals.

**Service:** Indicators of service consistent with promotion without tenure include an insufficient volume of outstanding service; or service as a member or chair of committees within the Department or College, but the absence of significant service roles at the national level. This also includes activities as an *ad hoc* reviewer for journals, or service on the advisory board for local organizations.

Table 2, next page, provides a summary of expected benchmarks for promotion to associate professor without tenure.
Table 2: Summary of representative metrics used to assess suitability for promotion to the rank of Associate Professor without Tenure

<table>
<thead>
<tr>
<th>Peer-review publications</th>
<th>Grants and Patents</th>
<th>Teaching</th>
<th>Service and National Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or more articles in journals with an impact factor of 0.5 – 4.5 or an H index of 18 or above. As a general guideline 10 or more peer reviewed publications since their appointment as an assistant professor at OSU.</td>
<td>PI on an R21, R03 or co-investigator on a R01 plus PI status on a major national grant; or PI status on multiple national or Pharma grants; or patent/inventorship; or an unfunded NIH R01 with a score between the 10th and 18th percentile for a new investigator, until average pay lines exceed 18%ile.</td>
<td>Teaching awards; consistently positive evaluations or positive lecture evaluations from regional/national audience.</td>
<td>Department, Medical Center, University committees; appropriate roles in professional societies; ad hoc federal study section membership; service as an regular or multiple ad hoc journal reviewer; or committee work for national society.</td>
</tr>
</tbody>
</table>

*For clinicians seeking promotion without tenure substantial accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. However, for clinicians with 25 to 50% clinical activity evidence of at least co-investigator status in one of the grant categories listed above is a prerequisite. For clinicians with > 50% clinical activity a strong publication record (i.e., ≥ 20 peer review publications) with emerging national reputation may be sufficient for promotion. Similar accommodations can be made on the basis of educational commitments.

c. Promotion to Professor (Tenure Track)

Awarding promotion to the rank of professor with tenure must be based upon convincing evidence that the candidate has a sustained, eminent record of achievement recognized nationally and internationally. The general criteria for promotion in scholarship, teaching, and service require more advanced and sustained quantity, quality, and impact than that required for promotion to associate professor. Importantly, the standard for external reputation is substantially more rigorous than for promotion to associate professor with tenure. This record of excellence must be evident from activities undertaken and accomplishments achieved since being appointed or promoted to the rank of associate professor.

Scholarship: A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an associate professor is required for promotion to professor (see Table 3). For example, an H-score over 25, and/or 45 to 60 peer-review publications with an impact factor of 0.5 to 4.5. Candidates for promotion to professor should ideally have 25 to 30 peer-reviewed publications since their promotion to associate professor. Clear evidence of an international reputation including: election to a leadership position in an international society or repetitive appointments to a national office, service as a national committee or task force chair, chair of an NIH or other federal review panel, regular membership on an NIH or
other federal study section, peer recognition or awards for research, and editorships and lectures in international venues. Candidates for promotion will be expected to have developed and maintained nationally competitive and peer reviewed extramural funding to support their research program including sustained NIH-like or other comparable funding. At a minimum, PhD-type candidates for promotion to professor must be a PI or multiple-PD/PI on at least one NIH funded R01, or equivalent grant, with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH awards. For clinician scientists seeking promotion to professor accommodation should be made in their grant requirements based on their clinical duties.

**Teaching and Mentoring:** A record of teaching excellence as an associate professor must continue to justify promotion to the rank of professor. Evidence for exemplary teaching includes outstanding student and peer evaluations, course or workshop leadership and design, a training program directorship, teaching awards, and organization of national course and curricula and participation in specialty boards or Residency Review Committees of the Accreditation Council for Graduate Medical Education. Active participation as a mentor in training grants such as NIH T32 or K-awards is highly valued as a teaching and mentoring activity.

Mentorship of junior faculty may also demonstrate teaching excellence. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates should evidence mentoring relationships by providing mentees’ evaluations.

**Service:** Promotion to the rank of professor requires service with distinction to the COM, OSU, and in national and international professional societies. Service can include leadership roles on OSU committees, in professional organizations and journal editorships. Evidence of the provision of professional expertise could include roles as a board examiner, service on panels and commissions, program development, and professional consultation to industry, government, and education.

Table 3, next page, provides a summary of expected benchmarks for promotion to professor with tenure.
Table 3: Summary of representative metrics used to assess suitability for promotion the rank of Professor with Tenure

<table>
<thead>
<tr>
<th>Peer-review publications</th>
<th>Grants and Patents</th>
<th>Teaching</th>
<th>Service and National Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 or more articles in journals with a impact factor of 0.5 to 4.5 or an H-index of 25 or more. Ideally there should be 25 or more peer-reviewed journal articles since promotion to associate professor.</td>
<td>Renewed NIH-like or other comparable funding plus a) second significant national grant or b) a second or more simultaneous NIH-like or equivalent grant (e.g., project on a P01 or U54 project); or c) two or more patents yielding licensing income.</td>
<td>Teaching awards; consistently positive teaching evaluations or positive lecture evaluations from national audience; T32 or K-award mentorship.</td>
<td>Department, Medical Center, University committees plus: Leadership role in national/international society and regular NIH study section membership or federal panel or committee work; Journal editorial board.</td>
</tr>
</tbody>
</table>

For clinicians seeking promotion to professor with tenure, accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. However, for those with 25 to 50% clinical effort evidence of at least co-investigator status in one of the grant categories listed above is a prerequisite to tenure. For clinicians with a greater than 50% clinical commitment there should be either evidence of co-investigator status in one of the grant categories listed above and/or strong publication record coupled with international recognition of clinical excellence. Similar accommodations can be made on the basis of educational commitments.

2. PROMOTION OF REGULAR CLINICAL TRACK FACULTY

Regular Clinical Track faculty members have a greater responsibility for clinical teaching and patient care than individuals in the Regular Tenure Track. Regular Clinical Track faculty members are not eligible for tenure. The criteria in the categories of teaching and service are, for the most part, similar to those for the Regular Tenure Track for each faculty rank, although there is greater emphasis on teaching, service, and patient care in this track, and less emphasis on traditional scholarship.

Regular Clinical Track faculty members may continue their service to the Department and the University without ever seeking promotion to the next higher faculty rank, simply through repeated reappointment at the same level. However, the goals and objectives of the Department, College, and University are best served when all faculty members, in all tracks, strive for continued improvement in all academic areas as measured by meeting or exceeding the requirements for promotion to the next faculty rank.

The awarding of promotion to the rank of associate professor in the Regular Clinical Track must be based upon convincing evidence that that the candidate has developed a national level of impact and recognition since being appointed to the rank of assistant professor. Faculty members on the regular clinical track typically pursue careers as clinician scholars, clinician educators, or one of clinical excellence.
a. **ASSOCIATE PROFESSOR, CLINICIAN-EDUCATOR PATHWAY**

The awarding of promotion to the rank of associate professor in the Regular Clinical Track: Clinician-Educator Pathway should be based upon convincing evidence that that the candidate has developed a national level of impact and recognition as a clinician educator since being appointed to the rank of assistant professor.

**Teaching and Mentoring:** A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues, and national peers. Teaching awards and other honors are necessary evidence of teaching excellence. Candidates should demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of impactful, innovative programs that integrate teaching, research, and patient care are particularly valued. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity.

**Service:** Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include membership on Department, College, Medical Center, and/or University committees, and mentoring activities.

**Scholarship:** The candidate should demonstrate contributions to scholarship as reflected by authorship of 10 to 15 peer-reviewed journal publications and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules. Primary or senior authorship should be expected in appropriate number of the works.

Table 4, next page, provides a summary of expected benchmarks for promotion to associate professor in the Regular Clinical Track as a Clinician-Educator.
Table 4: Summary of representative metrics used to assess suitability for promotion to Associate Professor in the Regular Clinical Track:
Clinician-Educator Pathway

<table>
<thead>
<tr>
<th>Peer-review Publications</th>
<th>Grants and Patents</th>
<th>Teaching</th>
<th>Service and National Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a general guideline, 10 or more peer reviewed publications, scholarly review articles, and/or web based or video teaching modules since appointment as assistant professor at OSU.</td>
<td>Local participant in at least one nationally-funded or multi-institutional educational project.</td>
<td>Excellent evaluations; Positive lecture evaluations from national audience; Teaching awards.</td>
<td>Department, Medical Center, University committees; Increasing roles in professional societies.</td>
</tr>
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</table>

b. PROFESSOR, CLINICIAN-EDUCATOR PATHWAY

The awarding of promotion to the rank of professor in the Regular Clinical Track: Clinician-Educator Pathway must be based upon convincing evidence that the candidate has developed a national level of leadership or international recognition as a teacher since being appointed to the rank of Associate Professor.

Teaching and Mentoring: A distinctive record of sustained superlative teaching and mentoring excellence is required for promotion. Excellence is demonstrated by sustained positive evaluations by students, residents, fellows, local colleagues and national peers. Multiple teaching awards and other honors are indicative of this level of teaching excellence. Candidates must demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of multiple impactful, innovative programs that integrate teaching, research and patient care are valued. Teaching excellence may also be demonstrated through participation in specialty boards such as Resident Review Committees, specialty boards, and the Accreditation Council for Graduate Medical Education.

Mentorship of junior faculty may also demonstrate teaching excellence. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates should evidence mentoring relationships by providing mentees’ evaluations.

Service: Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to Department, College, Medical Center, and/or University committees and mentoring activities. Evidence
of professional service to the faculty member's discipline should include journal editorships, and offices held and other service to national professional societies.

Scholarship: The candidate must demonstrate sustained contributions to scholarship as reflected by authorship of 16 to 25 peer-reviewed journal publications and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules.

Table 5, below, provides a summary of expected benchmarks for promotion to professor in the Regular Clinical Track as a Clinician-Educator.

**Table 5: Summary of representative metrics used to assess suitability for promotion to Professor in the Regular Clinical Track:**

<table>
<thead>
<tr>
<th>Clinician-Educator Pathway</th>
<th>Peer-review Publications</th>
<th>Grants and Patents</th>
<th>Teaching</th>
<th>Service and National Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a general guideline 16 or more peer reviewed publications, scholarly review articles, and/or web-based or video-teaching modules since being promoted to associate professor.</td>
<td>Local leader of at least one nationally-funded or multi-institutional educational project</td>
<td>Excellent evaluations; Positive lecture evaluations from national audience; National teaching evaluation tools</td>
<td>Department, Medical Center, University committees; Leadership role in national professional organization; National-level invitations to speak and/or consult.</td>
<td></td>
</tr>
</tbody>
</table>

**c. ASSOCIATE PROFESSOR, CLINICIAN SCHOLAR PATHWAY**

The awarding of promotion to the rank of associate professor in the Regular Clinical Track: Clinician-Scholar Pathway must be based upon convincing evidence that the candidate has developed a national level of impact and recognition as a clinician scientist since being appointed to the rank of assistant professor (see Table 6).

**Teaching and Mentoring:** A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are also supportive of teaching excellence. Teaching excellence must be demonstrated through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is very highly valued as a teaching and mentoring activity.

**Scholarship:** The candidate must demonstrate contributions to scholarship as reflected by authorship of peer-reviewed journal publications, scholarly review articles and case reports,
and participation in basic, translational or clinical research projects, or in clinical trials. For example, 10 to 15 peer review publications in journals with an impact factor of 0.5 or 4.5 would satisfy this threshold. Again, participation in collaborative, multidisciplinary research and team science is highly valued even though it may result in “middle” authorship, as long as the faculty member’s unique contribution can be discerned. Faculty on this track should have acquired external funding in support of their program of scholarship. Candidates should have a track record of being investigators in foundation, industry, or NIH studies. Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VII [Criteria for promotion to associate professor with tenure] above, and will be viewed most favorably.

Table 6, below, provides a summary of expected benchmarks for promotion to associate professor in the Regular Clinical Track as a Clinician-Scholar.

Service: Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative leadership and related activities, professional service to the faculty member’s discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include membership on Department, College, Medical Center, and/or University committees, and mentoring activities.

**Table 6: Summary of representative metrics used to assess suitability for promotion to Associate Professor in the Regular Clinical Track:**

<table>
<thead>
<tr>
<th>Clinician Scholar Pathway</th>
<th>Peer-review Publications</th>
<th>Grants and Patents</th>
<th>Teaching</th>
<th>Service and National Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a general guideline:</td>
<td>10 or more peer reviewed publications since being appointed as an assistant professor at OSU or equivalent.</td>
<td>Participation on at least one clinical trial or other nationally funded grant.</td>
<td>Excellent evaluations; Positive lecture evaluations from regional/national audience</td>
<td>Department, Medical Center, University committees; Increasing roles in professional societies.</td>
</tr>
</tbody>
</table>

d. **PROFESSOR, CLINICIAN SCHOLAR PATHWAY**

The awarding of promotion to the rank of professor in the Regular Clinical Track: Clinician-Scholar Pathway must be based upon convincing evidence that the candidate has developed national leadership or international recognition as a clinician scientist since being appointed to the rank of associate professor (see Table 7).

**Teaching and Mentoring:** A record of teaching excellence as an associate professor must continue to justify promotion to the rank of professor. The faculty member should have made unique and impactful contributions to the teaching mission as an Associate Professor.
Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity.

Mentorship of junior faculty may also demonstrate teaching excellence. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates should evidence mentoring relationships by providing mentees’ evaluations.

Service: Promotion to the rank of professor requires service with distinction to the Medical Center, College of Medicine, University, and in a national context. The faculty member should have made new and impactful service contributions as an associate professor. Candidates should have led the development of new and innovative clinical or clinical research programs which received national recognition and participated in leadership positions of learned academic education professional societies.

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in clinical trials. For example, 16 to 25 peer review publications in journals with an impact factor of 0.5 to 4.5. Faculty members on this track should ideally have been co-investigators on multiple NIH, Pharma, or major national clinical trials. Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VI.A. and will be viewed most favorably.

Table 7, below, provides a summary of expected benchmarks for promotion to professor in the Regular Clinical Track as a Clinician-Scholar.

Table 7: Summary of representative metrics used to assess suitability for promotion to Professor in the Regular Clinical Track: Clinician Scholar Pathway

<table>
<thead>
<tr>
<th>Peer-review Publications</th>
<th>Grants and Patents</th>
<th>Teaching</th>
<th>Service and National Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a general guideline 16 or more peer reviewed publications or equivalent in book chapters, etc. since being promoted to associate professor.</td>
<td>PI, or multiple-PD/PI on a major national peer reviewed grant or co-investigator status clinical trials or other national grants; or patents; or national reputation for clinical innovation.</td>
<td>Excellent evaluations; Positive lecture evaluations from national audience; T32 or K award mentor</td>
<td>Department, Medical Center, University committees; Leadership role in national professional organization; National-level invitations to speak and/or consult.</td>
</tr>
</tbody>
</table>
e. **Associate Professor, Clinical Excellence Pathway**

For those faculty whose patient care related responsibilities are 90% FTE or greater and/or who have significant clinical administration responsibilities, the awarding of promotion to the rank of associate professor in the Clinical Excellence Pathway can be based upon convincing evidence of excellence in activities categorized as the “scholarship of practice.” It is accepted that the clinical time commitment of these individuals may not allow the achievement of personal national recognition for their accomplishments. However, their unique contributions serve to enhance the national recognition of the Medical Center. For these individuals, their contribution to the regional and national recognition of the Medical Center may serve as a proxy for personal national recognition. That is, the record of impact is beyond the faculty member’s usual scope or sphere of influence. Please note that promotion will not be granted purely on the basis of length of service to the institution or satisfactory job performance.

One of the most important measures of excellence in the scholarship of practice will be evidence that activities or innovations of the individual faculty member have contributed to a change in the scope and the nature of practice in the practice of family medicine or related disciplines such as geriatrics, sports medicine, or integrative medicine. Another piece of evidence might be the development of a new and innovative approach to the management of a challenging clinical problem that becomes generalizable and a standard of practice. Other examples of evidence that might be used to document excellence in the scholarship of practice might include:

- Referral patterns from beyond the typical distribution of the respective clinical practice (demonstrates a reputation external to our organization as “best in class”).
- Referral of the most complex and sickest patients as indicated by case-mix index (identifies those physicians with clinical skills beyond their peers).
- Measures of targeted clinical excellence that contribute to furthering Family Medicine (e.g., Meaningful Use measures; PCMH statistics)
- Multiple lines of evidence supporting excellence in clinical performance, including clinical measures such as quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
- Establishment of quality improvements or systems-based changes that result in enhancement of the care provided to patients at Ohio State, demonstrating an impact beyond that physician’s individual patients.
- A sustained track record of exemplary clinical leadership and unique program of development within Ohio State.
- Contribution to the medical literature and demonstration of knowledge and ability to build on existing literature in relevant domains.
- Demonstration of dissemination of peer-reviewed data and expertise in the form of Grand Rounds, clinical practice guidelines, seminars, podcasts, websites, small group activities with peer reviewed data and internal benchmarking.
- Demonstration of collaboration with researchers and educators internal and external to the Department of Family Medicine.
Demonstration that excellence and expertise are recognized through the receipt of honors and awards from internal and external sources.

The following list of Actions/Behaviors, as well as Measures/Impacts, provides perspective regarding what is expected related to the scholarship of practice:

- **Action/Behavior:** Provide medical care having the highest standards of quality
- **Measure/Impact:** Consistently exceeds quality measures in practice area; Awards; Practice Portfolio – Evidence of scholarly reflection and examination of practice leading to highest quality practice.

- **Action/Behavior:** Expert clinician in area of practice
- **Measure/Impact:** Referrals or personally directed consultation to the clinician both inside and outside the institution; Consultation to national organizations and health care industry in area of expertise; Peer review: Practice Portfolio.

- **Action/Behavior:** Creation or dissemination of best practices or guidelines
- **Measure/Impact:** Publication of guidelines or best practices (publication can be electronic or other means); Evidence of adoption within and outside the institution; Peer review; Practice Portfolio.

- **Action/Behavior:** Leadership of clinical care and service (management or leadership of a lab service, clinical service, outpatient clinic, etc.); Outreach to community to develop new referrals to Medical Center; Responsive clinical care.
- **Measure/Impact:** Quality and efficiency measure of service; Increase in practice productivity; Awards given to service; Evidence of referrals to Medical Center owing to service; Practice innovations implemented through service; Peer review; Practice Portfolio.

- **Action/Behavior:** Mentorship of other clinicians
- **Measure/Impact:** Hooding of medical students; Awards; Peer review; Career success and accomplishments of mentees.

- **Action/Behavior:** Approaching patient populations in our system in a new way that addressed their needs or providing medical care to new patient populations not currently in our system (including rare patient populations, racial and ethnic groups).
- **Measure/Impact:** Measures of new patients included in system; patient satisfaction; peer review; practice portfolio.

- **Action/Behavior:** Innovation of practice or creation of new programs of health care or disease management.
- **Measure/Impact:** Awards; Invitations to serve on regional and national committees based on the program or innovation; Adoption of the program or innovation by other parts of the medical center or other institutions; Peer review; Practice Portfolio.

In sum, the awarding of promotion to the rank of associate professor in the Clinical Excellence pathway must be based on clear and convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual physician’s scope or sphere of influence within the Department of Family Medicine since being appointed to the rank of assistant professor. Advancement to the rank of associate professor denotes that the faculty member’s scholarship of practice as defined in the domains discussed above has had local and regional impact outside the institution.
Examples include but are not restricted to: recognition through local and regional awards; adoption of practices or systems innovations by local or regional institutions and organizations; membership or leadership in professional organizations in the faculty member’s field especially when invitation is as a result of the faculty member’s scholarship; dissemination of scholarship of practice through publication, including web based or other media, or presentations at local or regional meetings; invited as a consultant to local or regional health care systems, institutions, or organizations including the health care industry; referrals specifically to the faculty member for patient consultation or management (could be tracked by zip codes or other means); evidence of impact on careers of physicians trained at the College of Medicine reflected by letters solicited from past trainees. The candidate has:

- Established a record of leadership in service to the department, the institution, profession and the community, which may include membership on advisory boards or participation on boards or committees of national professional societies, or other organizations relevant to the mission of the institution.
- Through patient care and service has demonstrated a significant contribution to the local, regional or national reputation of the Medical Center, and has demonstrated an impact on the discipline of Family Medicine.
- Demonstrated adherence to the values contained in Statement of Professional Ethics of the American Association of University Professors.
- Board certification for physician faculty as an accepted national standard of clinical competence. State licensure for psychologist faculty and others, as appropriate.
- An uncompromised ethical and professional record of conduct worthy of an academic clinician, scientist, and educator.
- Appropriate share of teaching, service and administrative tasks in compliance with departmental policies and procedures relative to negotiated responsibilities.
- A productive record of income-generating activity commensurate with type and level of appointment and as mediated by annual negotiation of core responsibilities.

f. Professor, Clinical Excellence Pathway

Faculty members with substantial clinical patient care and clinical administrative responsibilities (90% or greater time commitment) are also eligible for promotion to Professor, utilizing the general principles outlined previously under associate professor. The awarding of promotion to the rank of professor in the Clinical Excellence Pathway for individuals with major clinical responsibility must be based upon convincing evidence that the candidate has met more advanced criteria for excellence in teaching, service/patient care, and the scholarship of practice since appointment or promotion to the rank of associate professor.

4. Promotion of Regular Research Track Faculty

In the Regular Research Pathway, the criteria for promotion focus principally on the category of research, and the standards are comparable to those used for the Regular Tenure Track for each faculty rank.
a. **ASSOCIATE PROFESSOR, REGULAR RESEARCH TRACK**

**Scholarship:** Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one’s field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, etc. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member’s record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding, or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.

The development of a competitive, innovative and distinctive program of scholarship is also evidenced by acquisition of peer-reviewed, nationally competitive extramural support as a PI or multiple-PD/PI or as co-investigator on several awards. Similarly, status as core director in a program grant is an acceptable criterion for extramural funding.

Although funding by the NIH is highly desirable, it is not required for promotion on this track. Other nationally competitive, peer reviewed funding, including support from national charitable foundations (e.g., American Heart Association or American Cancer Society), industry, or federal entities such as the CDC and the NSF will satisfy the criterion for nationally competitive peer reviewed funding should evidence exist for a sustained record of funding from these types of agencies. Faculty members are encouraged to collaborate with other investigators and may therefore meet the requirement for extramural support for their research as a co-investigator on NIH awards, or other comparable roles on awards from private foundations. Funding through pharmaceutical or instrumentation companies for investigator initiated proposals, or as local principal investigator for multi-center trials also meets the requirement of extramural funding. Similarly, faculty members who generate support for their research programs through their contribution to the creation of patents with associated license-derived income or spin-off companies also meet the criteria for extramural funding. It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources.

The number of publications required for promotion should be sufficient to persuasively characterize the faculty member’s influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. Publication as at least a co-author in the field’s highest impact factor journals is an important variable that converges with other factors such as the extent of external funding, invited lectures, invited manuscripts, editorial boards, peer-review panels, and external letters of evaluation in the decision to promote. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.
Entrepreneurship is a special form of scholarship valued by the College of Medicine. Entrepreneurship includes, but may not be limited to, invention disclosures, software development, materials transfers (e.g., novel plasmids, transgenic animals, cell lines, antibodies, and similar reagents), technology commercialization, patent and copyrights, formation of startup companies and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the College of Medicine will analyze these flexibly. Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer-reviewed manuscript, licensing activities that generate revenues should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. These entrepreneurial activities will be recognized as scholarly or service activities in the promotion dossier.

b. **Professor, Regular Research Track**

The awarding of promotion to the rank of research professor must be based upon convincing evidence that the candidate has developed a national leadership role or an international level of impact and recognition.

**Scholarship:** A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an associate professor is required for promotion to the rank of professor on the Regular Research Track. Clear evidence of national leadership and/or an international reputation must be achieved. Examples of such a national reputation include service on NIH or equivalent grant review panels, participation on steering, guideline or advisory committees, selection for service in a national professional society, invitation for lectureships or scholarly reviews, receipt of national scientific awards, external letters of evaluation and other measures of national impact.