































































The initial contract of all Clinical Faculty is probationary regardless of academic rank at hire, or prior employment in another faculty category . Subsequent contracts are not probationary, but there is no presumption of reappointment.

Clinical faculty members are reviewed annually by the Department Chair or his or her designee, using the same guidelines outlined for probationary faculty. The purpose of the annual review for clinical faculty is to assist in developing and implementing professional plans, discussing accomplishments, identifying performance problems if they exist, evaluating progress toward promotion, and serving as a basis for annual salary recommendations. A written evaluation in narrative format must be provided and a face-to-face meeting must be scheduled.

Each faculty member who wishes to be reappointed must undergo a review for reappointment in the penultimate year of each contract (either initial or subsequent) utilizing the same process as the review for tenure and promotion, with two exceptions: external letters of evaluation will not be required, and review by the College of Medicine Promotion and Tenure Committee does not occur. There is no presumption of renewal of the contract.

The decision by the Dean to reappoint or not renew Clinical faculty members is final.

#### **D. Research Faculty**

The initial contract of all Research Faculty is probationary regardless of academic rank at hire, or prior employment in another faculty category. Subsequent contracts are not probationary, but there is no presumption of reappointment.

Research faculty members are reviewed annually by the Department Chair or his or her designee. A written evaluation in narrative format must be provided and a face-to-face meeting must be scheduled.

Each faculty member who wishes to be reappointed must undergo a review for reappointment in the penultimate year of each contract (either initial or subsequent)utilizing the same process as the review for tenure and promotion, with two exceptions: external letters of evaluation will not be required, and review by the College of Medicine Promotion and Tenure Committee does not occur.

The decision by the Dean to reappoint or not renew Research faculty members is final.

During and until the end of non-probationary contract periods, Research Faculty appointments may be terminated for not meeting the terms of the contract (e.g., failure to obtain extramural support for the research). The standards of notice as set forth in University Rule [3335-6-08](#) apply.

#### **E. Associated Faculty**

Compensated associated faculty members in their initial appointment must be reviewed before reappointment. The department chair, or designee, prepares a written evaluation and meets with the faculty member to discuss his or her performance, future plans, and goals. The

department chair's recommendation on renewal of the appointment is final. If the recommendation is to renew, the department chair may extend a multiple year appointment.

Compensated associated faculty members on a multiple year appointment are reviewed annually by the department chair, or designee. The department chair, or designee, prepares a written evaluation and meets with the faculty member to discuss his or her performance, future plans, and goals. No later than October 15 of the final year of the appointment, the chair will decide whether or not to reappoint. The department chair's recommendation on reappointment is final.

## **VI. MERIT SALARY INCREASES AND OTHER REWARDS**

Merit salary increases and other rewards made by a Department must be made consistent with its Appointments, Promotion and Tenure document and other relevant policies, procedures, practices, and standards established by: (1) the [College of Medicine](#), (2) the [Rules of the University Faculty](#), (3) the Office of Academic Affairs [Policies and Procedures Handbook](#), and (4) the [Office of Human Resources](#).

### **A. Criteria**

Except when the university dictates any type of across the board salary increase, all funds for annual salary increases are directed toward rewarding meritorious performance and assuring, to the extent possible given financial constraints, that salaries reflect the market and are internally equitable.

On occasion, one-time cash payments or other rewards, such as extra travel funds, are made to recognize non-continuing contributions that justify reward but do not justify permanent salary increases. Such payments/rewards are considered at the time of annual salary recommendations. The Provost can identify parameters for such awards as part of the annual AMCP (Annual Merit Compensation Process) guidelines.

Meritorious performance in teaching, research, and service are assessed in accordance with the same criteria that form the basis for promotion decisions. The time frame for assessing performance will be the past 36 months, with attention to patterns of increasing or declining productivity. Faculty with high quality performance in all three areas of endeavor (consistent with the expectations of the faculty member's appointment) and a pattern of consistent professional growth will necessarily be favored. Faculty members whose performance is unsatisfactory in one or more areas are likely to receive minimal or no salary increases.

Faculty who fail to submit the required documentation for an annual review at the required time will receive no salary increase in the year for which documentation was not provided, except in extenuating circumstances, and may not expect to recoup the foregone raise at a later time.

Merit salary increases will be based upon performance of the faculty member in relation to the Department Workload Policy and the expectations outlined in the faculty member's previous annual review by the Chair. The principal basis for salary increase will be the performance in

the previous year. A lesser influence shall be the aggregate performance over several prior years. (For example, a faculty member whose performance was outstanding for several consecutive years but who had an entirely average performance for the immediate previous year might still be considered for a salary increase.) A final factor in the level of merit increase can be the faculty member's salary in relation to the average salary for comparable department members.

Salary shall be awarded at five different levels – A, B, C, D, and E. The following standards apply to tenure-track faculty.

A - represents Outstanding Performance. The faculty member shall have demonstrated exemplary performance to receive an A level increase. This performance could represent multiple high quality publications in the most prestigious journals, high level funding from external agencies or other prestigious national recognition for research, teaching or service.

B - represents Above Average Performance. The faculty member shall have exceeded the expectations. This performance may be characterized by multiple publications, teaching awards, achievement of outside funding or other meritorious service accomplishments.

C - represents Average Performance. The faculty member will have met the expectations for teaching, research, publications and clinical activity defined in the Workload Policy and in the Annual Review recommendations.

D - represents Below Average Performance. The faculty member will have less than expected levels of publications, funding for research and clinical activities.

E - represents Unsatisfactory Performance. In this category the faculty member will have no measurable or documentable accomplishments. This would mean no publications, no research grants, less than satisfactory teaching evaluations and/or minimal clinical activities.

In the assessment of salary levels, it is likely that a faculty member's performance will not be uniform in all three areas of teaching, research and service. The final evaluation level shall represent a balance of the accomplishments in each of the three areas.

For clinical faculty, scholarly activities such as clinical research are expected of the faculty member but will be accorded less importance than accomplishments in teaching and service. Accomplishments in basic research are not required, but, when present, may be used to increase the value of the individual's performance. The same standards as described for levels A, B, C, D, E for tenure-track faculty, shall be applied to clinical faculty except for those descriptions which reference basic research activity. The descriptions that reference basic research activity shall be the sole criteria used for merit salary increases in the research faculty.

For individuals in the clinical excellence faculty track accomplishments in clinical service will be accorded greatest importance. Accomplishments in basic research and clinical research and teaching are not required, but, when present, may be used to increase the value of the individual's performance. The same standards as described for levels A, B, C, D, E for tenure track/tenure-track faculty, shall be applied to the clinical excellence faculty.

For research faculty accomplishments in research publication and funding will be accorded greatest importance. Accomplishments in basic research are required. The same standards as described for levels A, B, C, D, E for tenure track faculty, shall be applied to research faculty except for those descriptions which reference teaching and clinical service. The descriptions that reference basic research activity shall be the sole criteria used for merit salary increases in the research faculty .

## **B. Procedures**

Each faculty member must undergo an annual review utilizing the principles outlined in Section V of this document. The review must be in written form for all faculty members except for associated faculty who are on an annual appointment and not being reappointed. The review will compare the faculty member's performance to the expectations described in Section VI.A above and to those recorded in the relevant Appointments, Promotion and Tenure document, and then recommend an appropriate level of merit salary increase (if any). Other rewards will be determined in a similar manner.

Evaluation for merit salary increase for each faculty member shall be performed initially by the division director and by the Chair. The faculty member may appeal the assigned level as described below.

## **C. Documentation**

Documents required for the Merit Salary Increase evaluation are identical to those utilized for the Annual Review. If requested by the faculty member, a brief summary citing the reasons for the merit salary level assigned and referencing the appropriate documents will be provided. This summary will outline the faculty member's accomplishments. The faculty member may submit a written appeal if dissatisfied with the assigned level. When submitting such an appeal, the faculty member must prepare a statement utilizing the format of the Promotion and Tenure dossier outline prepared by the Office of Academic Affairs in order to document accomplishments for salary determination. Insufficient documentation shall constitute a basis for immediate denial of the appeal. The appeal is made to the division chair, if applicable, or directly to the Chair. Final decision regarding Merit Salary appeals rests with the Department Chair acting in concert with the Department Executive Committee.

Documentation of teaching, research, and service for salary increase determinations will be the same as that utilized for annual reviews and promotion/tenure considerations.



## **VII. PROMOTION AND TENURE AND PROMOTION REVIEWS**

Outlined below are the Department of Orthopaedic's formal criteria for academic advancement, including promotion and awarding of tenure. When the Department forwards the dossier of a candidate for review and has recommended promotion and/or granting of tenure, every diligent effort will have 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. As the Department of Orthopaedics diversifies and places new emphasis on interdisciplinary endeavors and program development, instances will arise in which the proper work of a faculty member may depart from established academic patterns, especially with regard to awarding tenure. Thus, 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 Department, the College, and the University as entities dedicated to the discovery, application, and transmission of knowledge.

Although 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 department, College, and/or University initiatives. Examples include collegiality in all activities, 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. The department will consider these behaviors as reflected in the "Statement of Professional Ethics" of the American Association of University Professors [Appendix B] and the "Principles of Medical Ethics and Professionalism in Orthopaedic Surgery" developed by the American Academy of Orthopaedic Surgeons [Appendix C].

Annually, The Ohio State University's 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. Upon receipt of a candidate's dossier, the department chair will submit the dossier to the department's Appointments, Promotion and Tenure Advisory Committee for formal review. The committee will review the dossier and convey to the chair in writing a recommended action to be taken. The chair will consider the recommendations of the committee and will convey, in writing, a recommended action to the Dean of the College of Medicine.

### **A. Criteria**

#### **1. Promotion of Tenure-track Faculty**

##### **a. Associate Professor with Tenure**

The awarding of tenure is a prediction of excellence and future potential for preeminence and 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 clear and sustained 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 the Department of Orthopaedics, the College of Medicine, and/or The Ohio State University 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 but are not limited to 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.

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 are also supportive of teaching excellence. A faculty member may also demonstrate 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 may 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 is highly valued as a teaching and mentoring activity.

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 dissemination of research findings, among many potential others. 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.

While individual circumstances may vary, both the quantity and quality of publications should be considered. Additional metrics that are considered 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 or professor. Specific metrics in support of excellence in scholarship may be discipline-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. In particular, it is noted that very few of journals relevant to Orthopaedics have impact factors greater than 3.0, so each candidate's publication record will be evaluated against the highest-impact journals in their sub-discipline. The average impact factor will be computed for the candidate's top ten (10) publications – those with the highest impact factors – to 1) encourage publication in the highest quality journals while simultaneously 2) encouraging the publication of smaller projects or lesser quality work in other journals.

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 principal investigator, multiple investigator, or co-investigator. Similarly, status as principal investigator of a project or a program grant is an acceptable criterion for extramural funding.

Competitive funding from a federal agency (i.e. NIH, NSF, NIOSH, NASA, FEMA), as a principal investigator or multiple principal investigator, is required for non-clinical faculty. NIH funding should be encouraged but not necessarily required for tenure-track physicians/clinicians. Other nationally competitive, peer reviewed funding, including support from national charitable foundations (e.g. Orthopaedic Research and Education Foundation, Arthroscopy Association of North America, Orthopaedic Trauma association, NFL Charities), or industry will be considered as evidence of 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-principal investigator, or other comparable role. Funding through pharmaceutical or instrumentation companies for investigator-initiated proposals, or as local principal investigator for multi-center trials will also be considered. Similarly, faculty members who generate support for their research programs through creation of spin-off companies may also meet the criteria for extramural funding. Attempts to quantify the value of research conducted in the Department of Orthopaedics will explicitly consider the value of in-kind support (instruments, implants, etc.) as well as the funds handled through official University channels.

The Department of Orthopaedics acknowledges that there may be situations in which a faculty member develops a productive, nationally renowned program of scholarship without having obtained nationally competitive peer-reviewed funding. Such a situation is anticipated to be exceedingly infrequent, however.

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 or professor. Specific metrics in

support of excellence in scholarship are discipline-specific. Therefore, promotion and tenure deliberations will consider the balance of qualitative and quantitative accomplishments. Examples of discipline specific considerations include publications in highly specialized journals that may have high impact in the specific subspecialty, but may have a relatively low overall impact factor and citation index. In addition, levels of productivity in disciplines may vary substantially and this variation must be appropriately acknowledged. 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 must be documented in the annual reviews of faculty members and must be included in the Departmental promotion and/or promotion reviews.

Overall, the number of publications required for awarding of promotion and tenure should be sufficient to persuasively characterize faculty members' influence in discovery of new knowledge in their fields. Thus, both quality and quantity are important considerations. Publication as first or senior author in the field's highest impact factor journals is an important variable that, combined with other factors such as the extent of external funding, invited lectures, invited manuscripts, editorial boards, peer-review panels, and external letters of evaluation, guide the decision to promote and award tenure. 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 Ohio State University. It should be appreciated 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 valued by the Department of Orthopaedics and the College of Medicine. Entrepreneurship includes, but is not limited to, invention disclosures, novel research techniques, software development, materials transfers (e.g., biologic agents), 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 Department of Orthopaedics will analyze these achievements 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.

Service: Service is broadly defined to include administrative service to the Department, the College, and/or the University, exemplary patient care, program development, 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 of Medicine, hospital, and/or University committees and affirmative action or mentoring activities. Evidence of professional service to the faculty member's discipline 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.

For the Department of Orthopaedics, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to **associate professor with tenure** in the areas of teaching, research and service:

Teaching (M.D., D.O., or equivalent)

Evidence of persistent commitment to teaching and ongoing development of teaching abilities, as reflected by:

1. Consistently high level evaluations of teaching performance by students, residents, peers
2. Divisional or departmental teaching awards as voted by medical students and/or residents
3. Participation in the development of new educational programs for teaching students or residents at Ohio State
4. K-Award mentorship
5. Participation in the publication of material of an instructional nature or evidence of production of other forms of teaching material (e.g. videotape, computer programs, etc.)
6. Participation in teaching for local, regional and national professional organizations
7. Participation in the development of educational materials for local, regional and national professional organizations

Teaching (Ph.D. or equivalent)

Evidence of persistent commitment to teaching and ongoing development of teaching abilities, as reflected by:

1. Evidence of regular participation in the educational processes within the division, department, or college
  - a) coursework: organization and oversight of approved academic courses  
lectures provided for approved academic courses
  - b) documented training of individuals or groups in research skills or techniques  
technicians and laboratory assistants, graduate students, postdoctoral fellows, medical research fellows, or professional colleagues
  - b) K-Award mentorship
2. Evidence of teaching excellence
  - a) consistently high-level evaluations of teaching performance by students and peers
  - b) divisional, departmental or collegiate teaching awards
3. Development of new educational programs for teaching within the institution.
4. Publication of instructional materials (e.g. videotapes, computer programs, etc.).
5. Participation of teaching for local, regional, or national organizations.
6. Development of educational materials for local, regional, or national organizations.

Research and Scholarship (M.D., D. O., or equivalent)

Evidence of ongoing, continuous development of research ability and reputation, as reflected by the following:

1. Multiple publications in peer-reviewed journals (numbers consistent with quantitative standards of department)
2. Peer reviewed publications in prestigious journals, the majority of which are first-authored or senior authored.
  - a. As a guideline the successful candidate should have 20-25 publications since appointment as an assistant professor. The mean impact factor should be at or above 50<sup>th</sup> percentile of impact factors of journals in which surgical disciplines in the Department of Orthopaedics publish. The list of journals is listed in Appendix D. The list will be updated every 4 years. The 50<sup>th</sup> as of May 2013 is an impact factor of 1.75. Faculty are encouraged to publish in other scientific journals as well.
  - b. This guideline is reduced for faculty with clinical responsibilities as follows: For faculty with 50% or greater clinical effort the minimum number of publications should be 15-20 publications occurring since the date of the OSU appointment as an assistant professor in peer-reviewed journals. The successful candidate will have an average impact factor above the 50<sup>th</sup> percentile of Orthopaedic journals and one third are first or senior authored publications.
3. Presentations of scholarly work at national, or international forums.
4. Funded grant from external sources (federal, state, charitable, industrial) at levels (including in-kind support) equivalent to an R-01 or patents generating licensing income.
5. Development of an area of research or scholarship with growing national recognition.
6. Service on editorial board of journal(s).
7. Publications of book(s).
8. Publication of chapter(s) in books.

#### Research and Scholarship (Ph.D. or equivalent)

Evidence of ongoing, continuous development of research ability and reputation as reflected by the following:

1. Regular publication in peer-reviewed journals the majority of which are first or senior authored.
  - a. As a guideline the successful candidate should have 20-25 publications since the OSU appointment. The ten (10) highest impact factor publications should exceed the 50<sup>th</sup> percentile of Orthopaedic journals [Appendix D]. H-Index of 10 or above. Publication in other scientific journals not listed in Appendix D is strongly encouraged.
2. Presentation of scholarly work at regional, national, or international forums.
3. Peer-reviewed research funding from national sources at monetary levels indicative of competitive research significance as evidenced by the following: NIH funding as Principal Investigator on at least one R-01 or equivalent NIH Grant (e.g. . multiple PI or project lead on a P01) is required for faculty members without clinical duties. Significant contributions of effort as co-investigator on multiple grants may be considered.
4. Development of a growing national reputation for research in one or more areas of importance to the scientific discipline.
5. Service on the editorial board of professional journal(s).
6. Service on grant review boards for local, regional, national, or international funding organizations.
7. Retention as consultant by professional or commercial organizations.
8. Publication of books or book chapters.



Service (M.D., D.O., or equivalent)

Evidence of commitment to the provision of service to the institution, the community or the profession, as reflected by:

1. Completion of specialty Board certification
2. Maintenance of certification
3. Evidence of a high-level of clinical competence
4. Active participation in divisional, Departmental, College, and/or University committee functions
5. Participation in committee activities for local, regional, and national organizations.
6. Elected office in local, regional, or national professional organizations.
7. Other meritorious community service activities
8. Demonstrated adherence to the values contained in the “Statement of Professional Ethics” of the American Association of University Professors [Appendix B] and the “Principles of Medical Ethics and Professionalism in Orthopaedic Surgery” of the American Academy of Orthopaedic Surgery [Appendix C]
9. Maintenance of appropriate licensure and medical staff appointment(s).
10. Participation in the development of new programs for the advancement of medical practice or patient care.

Service (Ph.D. or equivalent)

Evidence of commitment to the provision of service to the institution, the community or the profession, as reflected by:

1. Direction/operation of a service laboratory for division, department, hospital, college, university, or professional organization.
2. Active participation in divisional, departmental, college, or university committee functions.
3. Active participation in committee functions for local, regional, or national organizations.
4. Elected office in local, regional, or national professional organizations.
5. Other meritorious community service activities.
6. Demonstrated adherence to the values contained in the “Statement of Professional Ethics” of the American Association of University Professors [Appendix B] and the “Principles of Medical Ethics and Professionalism in Orthopaedic Surgery” of the American Academy of Orthopaedic Surgery [Appendix C]

**Table 1: Summary of representative metrics used to assess suitability for promotion to the rank of Associate Professor with tenure.**

Peer-review publications	Grants and Patents	Teaching	Service and National Role
20-25 in journals with average impact factors above the 50 <sup>th</sup> percentile of Orthopaedic journals since	PI or multiple-PD/PI on one (1) funded R01 (or other external funded award) or prior R01 <u>plus</u> either a) active pursuit of external	Active and ongoing teaching with strong student/resident evaluations; positive lecture	University committees plus active roles in professional societies and/or multiple <i>ad hoc</i> or regular NIH study

appointment as assistant professor or an H-index of 10 or above.	funding; or b) patents generating licensing income.	evaluations from national audience.	section membership; and/or service as a regular <i>ad hoc</i> reviewer or on editorial boards.
--	---	-------------------------------------	--

- 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.,  $\geq 50$  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. Promotion to Associate Professor without Tenure**

Promotion to Associate Professor without Tenure is available only to clinician scientists and requires 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 become more common in the Department of Orthopaedics among scholars with clinical roles prior to completion of the 11-year probationary period. Recommendation for promotion without tenure must be accompanied by rigorous and ample documentation of the special circumstances justifying this recommendation. 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 insufficient, but advancing record of scholarly excellence 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 late in the interval of probationary status, indicating acquisition of momentum that will propel the candidate toward the sustained record of productivity required for tenure. 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 successful competition for extramural, locally funded grants, small foundation grants, training grants from national sources, and favorable reviews of federal grants that did not quite achieve funding. Evidence of an emerging national recognition might include invitations to lecture at local, 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.

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 might 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 might also include activities as an *ad hoc* reviewer for journals, or service on the advisory board for local organizations.

**Table 2: Summary of representative metrics used to assess suitability for promotion to the rank of Associate Professor without tenure.**

Peer-review publications	Grants and Patents	Teaching	Service and National Role
10-15 in journals with an average impact factor (of the 10 highest) above the 50 <sup>th</sup> percentile of Orthopaedic journals since appointment as assistant professor or an H-index of $\geq 8$ .	PI on an R21, R03 or co-investigator on a R01 plus PI status on a major national grant application; PI on industrially-funded grants; patents or other evidence of inventorship; an unfunded NIH R01 with a score below the 20 <sup>th</sup> percentile for a new investigator.	Active and ongoing teaching with strong student/resident evaluations; positive lecture evaluations from national audience.	University committees plus active roles in professional societies and/or multiple <i>ad hoc</i> or regular NIH study section membership; and/or service as a regular <i>ad hoc</i> reviewer or on editorial boards.

- 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.,  $\geq 50$  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.

### c. Promotion to Professor

Awarding promotion to the rank of Professor must be based upon clear and unambiguous evidence that the candidate has a sustained, eminent record of national leadership and/or international achievement and recognition. Importantly, the standard for external reputation is 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. The general criteria for promotion--that is, scholarship, teaching and service--are the same as those previously outlined for promotion to the level of Associate Professor with tenure, except that the indicators are more advanced and sustained in quantity and quality and importantly, impact.

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. A strong record of collaboration and/or mentorship of junior colleagues is also considered significant. Clear evidence of national leadership and/or an international reputation must be achieved. Objective criteria relating to leadership include, but are not limited to: election or appointment to a national office, service as a national committee or task force chair, chair of a review panel, peer recognition or awards, and editorships. Candidates for promotion will be expected to have been awarded nationally competitive, peer-reviewed extramural funding to support their research program. Extramural funding as a principal investigator is preferred but not required; co-investigator status on interdisciplinary grant applications is also recognized.

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 make new, unique and impactful contributions to the teaching mission as an Associate Professor. Evidence for exemplary teaching includes outstanding student and peer evaluations, course or workshop leadership and design, a training program directorship, teaching awards, organization of national course and curricula, development of teaching methods that are subsequently adopted by other institutions, development and leadership of departmental or college programs, and participation in specialty boards such as Residency Review Committees, specialty boards and the Accreditation Council for Graduate Medical Education.

Service: Promotion to the rank of Professor requires service with distinction to the College of Medicine, The Ohio State University, or in a national context. The faculty member should make new, unique and impactful service contributions as an Associate Professor. Service includes the provision of exemplary patient care; development of new and innovative programs, participation in leadership positions of a learned society, participation in and appointment to management positions in College of Medicine, the University or national committees, professional societies, task forces, and advisory groups and other leadership roles leading to the betterment of the organization being served.

**Table 3 Summary of representative metrics used to assess suitability for promotion the rank of Professor**

Peer-review publications	Grants and Patents	Teaching	Service and National Role
--------------------------	--------------------	----------	---------------------------

<p>40-60 papers in journals with an average impact factor (of the 20 highest) above the 50<sup>th</sup> percentile of Orthopaedic journals  or  an H- index <math>\geq</math> 17.  More than 20 peer-reviewed journal papers since promotion to associate professor.  Competitive federal funding (NIH, NSF, NIOSH, etc.) as a principal investigator, multiple PI, or project leader on a P01 is required.  Other nationally competitive, peer reviewed funding, including support from national charitable foundations (e.g. OREF, AANA, OTA, NFL Charities), or industry are valuable and will be considered towards satisfy the criterion for extramural funding.</p>	<p>Renewed R01 <u>plus</u>  a) second significant national grant <u>or</u> b) a second or more simultaneous R01 or equivalent grant (e.g., project on a P01 or U54 project); <u>or</u> c) two or more patents yielding licensing income.</p>	<p>Teaching awards; consistently positive teaching evaluations or positive lecture evaluations from national audience; T32 or K-award mentorship.</p>	<p>University committees plus: Leadership role in international society and regular NIH study section membership or federal panel or committee work; Journal editorial board.</p>
---	--	---	---

- 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 Clinical Faculty

Clinical faculty members have a greater responsibility for clinical teaching and patient care than individuals in the Tenure Track. Clinical 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 Tenure Track for each faculty rank, although there is greater emphasis on teaching, service and patient care, and less emphasis on traditional scholarship.

Clinical 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 College and the University are best served when all faculty members 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 Clinical must be based upon clear and convincing evidence that that the candidate has developed a national level of impact and recognition since being appointed to the rank of Assistant Professor. Clinical faculty members typically pursue careers as clinician scholars or clinician educators.

### a. Associate, Clinician Educator Pathway

The awarding of promotion to the rank of Associate Professor in the Clinician-Educator Pathway should be based upon clear and convincing evidence that that the candidate is developing 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, hospital, or University committees, affirmative action or mentoring activities.

Scholarship: The candidate should demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications (10-15) and scholarly review

articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules.

**Table 4: Summary of representative metrics used to assess suitability for promotion to Associate Professor in Clinician Educator Pathway.**

<b>Peer-review publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service</b>
As a general guideline, 10-15 peer reviewed publications, scholarly review articles, and/or web based or video teaching modules since being appointed as assistant professor at OSU.	Local leader of at least one nationally-funded or multi-institutional educational project or participation as the lead in new OSU educational programs	Excellent Evaluations; Positive lecture evaluations from national audience; Teaching awards	University committees; Committee work in professional organization

**b. Professor, Clinician Educator Pathway**

The awarding of promotion to the rank of Professor in Clinician-Educator pathway must be based upon clear and convincing evidence that that the candidate has developed a national level of impact and 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 College, hospital, and/or University committees and

affirmative action or 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 primary or senior authorship of peer-reviewed journal publications (15-30) and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules.

**Table 5: Summary of representative metrics used to assess suitability for promotion to Professor in Clinician Educator Pathway.**

<b>Peer-review publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service</b>
As a general guideline, 15-30 peer reviewed publications, scholarly review articles with mean impact factor (of the top 10 papers) at 75 <sup>th</sup> percentile of Department Journal Rank and/or web based or video teaching modules since being promoted to associate professor.	National leader of at least one nationally-funded or multi-institutional educational project	Excellent Evaluations; Positive lecture evaluations from national audience; National teaching awards	Leadership role in College or University committees; Leadership role in national professional organization

**C. Associate, Clinician Scholar Pathway**

The awarding of promotion to the rank of Associate Professor in Clinician-Scholar pathway must be based upon clear and convincing evidence that 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 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, 25 peer review publications in journals with an average impact factor of 2.0 or 15 publications in journals with an average impact factor of 2.5 would satisfy this threshold. The recognition of the publication by peers can be adjudged by calculation of the H-index. Here 10 publications cited at least 10 times would be a reasonable minimum 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 pathway 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: Summary of representative metrics used to assess suitability for promotion to Associate Professor in the Clinician Scholar Pathway.**

<b>Peer-review publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service</b>
As a general guideline, 15-20 peer reviewed publications, scholarly review articles, and/or web based or video teaching modules since being appointed as assistant professor at OSU.	Participation on at least one clinical trial or other nationally funded grant.	Excellent Evaluations; Positive lecture evaluations from national audience	University committees; Committee work in professional organization

**d. Professor, Clinician Scholar Pathway**

The awarding of promotion to the rank of Professor in the Clinician-Scholar pathway must be based upon clear and convincing evidence that that the candidate has developed a national level of 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 College of Medicine, OSU, or 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 that 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, 40 peer review publications in journals with an average impact factor of 2.5 or 25 publications in journals with an average impact factor of 4 would satisfy this threshold. The recognition of the publication by peers can be adjudged by calculation of the H-index. Here 18 publications cited at least 18 times each would be a reasonable minimum threshold. Faculty members should ideally have been co-investigators on multiple NIH, industry, 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: Summary of representative metrics used to assess suitability for promotion to Professor in the Clinician Scholar Pathway.**

<b>Peer-review publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service</b>
As a general guideline, 25-40 peer reviewed publications, scholarly review articles with mean impact factor (of the top 15 papers) at 75 <sup>th</sup> percentile of Department Journal Rank and/or web based or video teaching modules since being promoted to associate professor.	PI, or multiple-PD/PI on a major national peer reviewed grant <u>or</u> co-investigator status clinical trials or other national grants; or patents; or national reputation for clinical innovation.	Excellent Evaluations; Positive lecture evaluations from national audience; T32 or K award mentor	University committees; Leadership role in national professional organization

### 3. Promotion of Research Faculty

The criteria for promotion focus principally on the category of research, and the standards are comparable to those used for the Tenure-track for each faculty rank.



## **a. Associate**

**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 dissemination of research findings, among many potential others. 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.

While individual circumstances may vary, both the quantity and quality of publications should be considered. Additional metrics that are considered 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 or professor. Specific metrics in support of excellence in scholarship may be discipline-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. In particular, it is noted that very few of journals relevant to Orthopaedics have impact factors greater than 3.0 so each candidate's publication record will be evaluated against the highest-impact journals in their sub-discipline.

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 principal investigator, multiple investigator, or co-investigator. Similarly, status as principal investigator of a project or a program grant is an acceptable criterion for extramural funding.

Funding by the National Institutes of Health as a principal investigator, multiple PI, or project leader on a P01 is expected. It is recognized, however, that not all academic faculty members will pursue research in topics fundable through the NIH mechanism (e.g., fundamental basic science in non-biologic disciplines). Other nationally competitive federal, peer reviewed funding (e.g., NSF, NIOSH, CDC, etc.) will be considered as appropriate to each investigator's research focus. Support from national charitable foundations (e.g. Orthopaedic Research and Education Foundation, Arthroscopy Association of North America, Orthopaedic Trauma association, NFL Charities), or industry will also be considered as evidence of extramural funding but may not, by themselves, meet the required standard.

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, co-principal investigator, or other comparable role. 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 creation of spin-off companies also meet the criteria for extramural funding. Attempts to quantify the value of research conducted in the Department of Orthopaedics will explicitly consider the value of in-kind support (instruments, implants, etc.) as well as the funds handled through official University channels.

It is expected that the successful candidate will have a sustained record of 75% salary recovery from extramural sources for the time they devote to research. The remainder of their time should be devoted primarily to grant writing and other activities directed towards external research funding.

Overall, 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**

The awarding of promotion to the rank of Research Professor must be based upon clear and 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 Research Professor. 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.

## **B. Procedures**

The department's procedures for promotion and tenure and promotion reviews are fully consistent with those set forth in Faculty Rule 3335-6-04, [[www.trustees.osu.edu/ChapIndex/index.php](http://www.trustees.osu.edu/ChapIndex/index.php)] and the Office Academic Affairs annually updated procedural guidelines for promotion and tenure reviews found in Volume 3 of the Policies and Procedures Handbook [<http://oaa.osu.edu/handbook.html>]. The following sections, which state the responsibilities of each party to the review process, apply to all faculty in the department.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised, balancing (where appropriate) heavier commitments and responsibilities in one area of performance against lighter commitments and responsibilities in another. As the Department enters new fields of endeavor, including interdisciplinary involvement, and places new emphases on its continuing activities, instances will arise in which the proper work of a faculty member may depart from established academic patterns. Generally, distinguished achievement in scholarship must include evidence of creative expression and innovation in the candidate's discipline.

Care must be taken to apply the criteria for appointment and promotion with sufficient flexibility. In all instances, superior intellectual attainment, in accordance with the criteria set forth, is an essential qualification for appointment and promotion to all faculty positions. Insistence upon this standard for continuing members of the faculty is necessary for the maintenance and enhancement of the University as an institution dedicated to the discovery and transmission of knowledge.

### **1. Candidate Responsibilities**

Candidates are responsible for utilizing *Research in View* to submit a complete, accurate dossier fully consistent with Office of Academic Affairs guidelines. Candidates should not sign the Office of Academic Affairs Candidate Checklist without ascertaining that they have fully met the requirements set forth in the core dossier outline including, but not limited to, those highlighted on the checklist.

Candidates are responsible for reviewing the list of potential external evaluators developed by the department chair and the Promotion and Tenure Committee. The candidate may add no more than three additional names, but is not required to do so. The candidate may request the removal of no more than two names, providing the reasons for the request. The department chair decides whether removal is justified. (Also see External Evaluations below.)

### **2. Promotion and Tenure Committee Responsibilities**

The recommended responsibilities of the Promotion and Tenure Committee are as follows:

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually, in spring semester, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only professors on the committee may consider promotion review requests to the rank of professor. A simple majority of those eligible to vote on a request must vote affirmatively for the review to proceed.
  - The committee bases its decision on assessment of the record as presented in the faculty member's CV and on a determination of the availability of all required documentation for a full review (including student and peer evaluations of teaching as appropriate). Lack of the required documentation is necessary and sufficient grounds on which to deny a non-mandatory review.
  - A tenured or non-probationary faculty member may only be denied a formal promotion review under Faculty Rule 3335-6-04 (<http://trustees.osu.edu/rules/university-rules.html>) for one year. If the denial is based on lack of required documentation and the faculty member insists that the review go forward in the following year despite incomplete documentation, the individual should be advised that such a review is unlikely to be successful.
- A decision by the committee to permit a review to take place in no way commits the eligible faculty, the department chair, or any other party to the review to making a positive recommendation during the review itself.
- Annually, in late spring through early autumn semester, to provide administrative support for the promotion and tenure review process as described below.
  - **Late Spring:** Select from among its members a Procedures Oversight Designee who will serve in this role for the following year. The Procedures Oversight Designee cannot be the same individual who chairs the committee. The Procedures Oversight Designee's responsibilities are described in the Office of Academic Affairs annual procedural guidelines.
  - **Late Spring:** Suggest names of external evaluators to the department chair.
  - **Summer:** Gather internal evidence of the quality of the candidate's teaching, scholarship, and service from students and peers, as appropriate, within the department.
  - **Early Autumn:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with Office of Academic Affairs

requirements; and work with candidates to assure that needed revisions are made in the dossier before the formal review process begins.

- Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on his or her dossier. This meeting is not an occasion to debate the candidate's record.
- Establish the meeting(s) of the eligible faculty in line with the quorum and voting procedures established in section III above..
- Draft an analysis of the candidate's performance in teaching, scholarship and service to provide to the full eligible faculty with the dossier; and seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.
- Revise the draft analysis of each case following the faculty meeting, to include the faculty vote and a summary of the faculty perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the department chair.
- Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier.

### **3. Eligible Faculty Responsibilities**

The responsibilities of the members of the eligible faculty are as follows:

- To review thoroughly and objectively every candidate's dossier in advance of the meeting at which the candidate's case will be discussed.
- To attend all eligible faculty meetings except when circumstances beyond one's control prevent attendance; to participate in discussion of every case; and to vote.

### **4. Department Chair Responsibilities**

The responsibilities of the department chair are as follows:

- Where relevant, to verify the prospective candidate's residency status. Faculty members who are neither citizens nor permanent residents of the United States may not undergo a non-mandatory review for tenure, and tenure will not be awarded as the result of a mandatory review until permanent residency status is established. Faculty members not eligible for tenure due to lack of citizenship or permanent residency are moreover not considered for promotion by this department.
- **Late Spring Semester:** To solicit external evaluations from a list including names suggested by the Promotion and Tenure Committee, the chair and the candidate. (Also see External Evaluations below.)

- To solicit an evaluation from a TIU head of any department with which the candidate has a joint appointment.
- To make adequate copies of each candidate's dossier available in an accessible place (option: a secure on-line site) for review by the eligible faculty at least one week before the meeting at which specific cases are to be discussed and voted.
- To remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.
- To attend the meetings of the eligible faculty at which promotion and tenure matters are discussed and respond to questions raised during the meeting.
- To provide an independent written evaluation and recommendation for each candidate, following receipt of the eligible faculty's completed evaluation and recommendation.
- To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the department review process:
  - of the recommendations by the eligible faculty and department chair
  - of the availability for review of the written evaluations by the eligible faculty and department chair
  - of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the department chair, for inclusion in the dossier. The letter is accompanied by a form that the candidate returns to the department chair, indicating whether or not he or she expects to submit comments.
- To provide a written response to any candidate comments that warrants response for inclusion in the dossier.
- To forward the completed dossier to the college office by that office's deadline, except in the case of auxiliary associated faculty for whom the department chair recommends against promotion. A negative recommendation by the department chair is final in such cases.
- To receive the Promotion and Tenure Committee's written evaluation and recommendation of candidates who are joint appointees from other tenure initiating units, and to forward this material, along with the department chair's independent written evaluation and recommendation, to the department chair of the other tenure initiating unit by the date requested.

## **5. External Evaluations**

External evaluations are obtained for all promotion and/or tenure reviews. As described above, a list of potential evaluators is assembled by the Promotion and Tenure Committee, the department chair, and the candidate. If the evaluators suggested by the candidate meet the criteria for credibility, a letter is requested from at least one of those persons. Faculty Rule [3335-6-04](#) requires that no more than half the external evaluation letters in the dossier be written by persons suggested by the candidate.

A minimum of five credible and useful evaluations must be obtained. A credible and useful evaluation:

- Is written by a person highly qualified to judge the candidate's research (or other performance, if relevant) who can give an “arms’ length” evaluation of the research record and is not a close personal friend, research collaborator, or former academic advisor or post doctoral or residency mentor of the candidate. Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. This department will only solicit evaluations from full professors at institutions comparable to Ohio State. In the case of an assistant professor seeking promotion to associate professor with tenure, a minority of the evaluations may come from associate professors.
- Provides sufficient analysis of the candidate's performance to add information to the review. A letter's usefulness is defined as the extent to which the letter is analytical as opposed to perfunctory. Under no circumstances will “usefulness” be defined by the perspective taken by an evaluator on the merits of the case.

Since the department cannot control who agrees to write and or the usefulness of the letters received, at least twice as many more letters are sought than are required, and they are solicited before the end of the academic year prior to the review year. This timing allows additional letters to be requested should fewer than five useful letters result from the first round of requests. Any potential reviewer who declines to write a letter of evaluation must be included in the department’s report of non-responding evaluators.

The department follows the Office of Academic Affairs suggested format [<http://oaa.osu.edu/sampledocuments.html>] for letters requesting external evaluations.

Under no circumstances may a candidate solicit external evaluations or initiate contact in any way with external evaluators for any purpose related to the promotion review. If an external evaluator should initiate contact with the candidate regarding the review, the candidate must inform the evaluator that such communication is inappropriate and report the occurrence to the department chair, who will decide what, if any, action is warranted (requesting permission from the Office of Academic Affairs to exclude that letter from the dossier). It is in the candidate's self-interest to assure that there is no ethical or procedural lapse, or the appearance of such a lapse, in the course of the review process.

All solicited external evaluation letters that are received must be included in the dossier. If concerns arise about any of the letters received, these concerns may be addressed in the



department's written evaluations or brought to the attention of the Office of Academic Affairs for advice.

### **C. Documentation**

Faculty members preparing their dossiers for promotion and/or tenure review should consult [Volume 3](#) of OAA's policies and procedures manual to ensure that all required documentation is included. Additionally, it is highly recommended that faculty members consult the college's Dossier Standardization Guidelines for information about how and where to enter information into the core dossier in alignment with college objectives.

The following paragraphs provide suggested standards for documenting excellence in Teaching, Research and Scholarship, and Service. Additional standards are included in appendices attached to this document, the specific descriptions of initial appointments, and in the outlined criteria for promotion in other sections of this document.

#### **1. Teaching**

Teaching is defined as imparting knowledge, experience, insight, and skill to other persons. In the College of Medicine, teaching must be consistently effective and of high quality.

All Tenure-track and Clinical faculty members in the College of Medicine must be engaged in teaching, development of the Department's and College's academic programs, and mentoring of students. Evidence of effective teaching must be demonstrated by documentation of teaching activities over a sustained period of time. The College's Office of Medical Education can provide assistance with appropriate documentation and assessment tools to be used in evaluation of teaching.

. Evidence for effective teaching may be collected from multiple different sources including students, peers, self-evaluation and administrators. Student evaluations and peer evaluations, at a minimum, are required. Excellence is demonstrated by positive evaluations from students, residents, fellows, local colleagues and national peers. Each Department must establish a consistent methodology and assessment tool for teacher evaluation by students in specific types of instructional settings. Importantly, administration of an assessment tool must not be under the control of the faculty member being evaluated. Faculty members may supplement the required assessment tool with others if they wish. Students must be provided an opportunity to assess the instructor and course using the required assessment tool in every regular classroom course. Guidelines must be established for the frequency with which required assessment tools should be administered in other types of instructional settings such as outpatient clinics, inpatient services, and the operating room. Regardless of the instructional setting, effort should be made to obtain evaluations from the largest number of students possible. When there is a significant discrepancy between the number of students enrolled and the number providing evaluations, the evaluations cannot be assumed to represent a consensus of student opinion.

Typically documentation of teaching for the promotion dossier will include, for the time period since the last promotion or the last five years, whichever is less:



- cumulative SEI reports (Student Evaluation of Instruction computer-generated summaries prepared by the Office of the University Registrar) for every formal class
- MedStar evaluations
- peer evaluation of teaching reports as required by the department's peer evaluation of teaching program (details provided in the Appendix to this document)
- teaching activities as listed in the core dossier including
  - involvement in graduate/professional exams, theses, and dissertations, and undergraduate research
  - mentoring postdoctoral scholars and researchers
  - extension and continuing education instruction
  - involvement in curriculum development
  - awards and formal recognition of teaching
  - presentations on pedagogy and teaching at national and international conferences
  - adoption of teaching materials at other colleges or universities
- other relevant documentation of teaching as appropriate

Peer evaluation is required on a recurring basis for all faculty members. Peer evaluations may include internal, and/or external review of classroom instruction, clinical teaching and course materials such as syllabi, examinations and instructional materials including textbooks. Assessment by observation of classroom and clinical teaching is most useful when done systematically over time and conducted with the specific goal of offering constructive suggestions.

Other documentation of teaching may include an administrator's assessment of the candidate's teaching load, contribution to the teaching mission of the academic unit, and contribution to curriculum development. Evidence of the success of the candidate's former students including professional and graduate students and post-doctoral trainees should be documented.

## **2. Scholarship**

Scholarship is broadly defined as the discovery and dissemination of new knowledge by research, study and learning. In the College of Medicine, a faculty member's scholarship must be demonstrated to be of high quality, significance and impact.

All tenure-track, clinical, and research faculty members must develop a record of scholarship that is documented by a body of original scholarly work over a period of time. The evidence for scholarship must refer to original, substantive works that are documented achievements. Recognition of the scholarly work must also be external to the University, residing in the scientific communities apropos to the faculty member's field of scholarship.

Evidence of scholarship can include: peer reviewed journal articles, bulletins and technical reports, original books and monographs, edited books, chapters in edited books, editor reviewed journal articles, reviews and abstracts, papers in proceedings, unpublished scholarly presentations, externally funded research, funded training grants, other funding for academic

work, prizes and awards for research or scholarly or creative work, major professional awards and commendations. Evidence of scholarship may also include invited lectures at other universities, symposia, and conferences; invention disclosures, patent activity, entrepreneurship, technology commercialization, software development; editorship of a major collection of research work; leadership of advanced seminars and symposia under organizational sponsorship; and invitations to serve on national review bodies. Documentation of scholarship also includes grants and contracts submitted and received, and a demonstration of the impact of the scholarship, as documented with citation data, impact factors, book distribution data or sales figures, adoption of texts or procedures by external departments or academic health centers, and so forth.

### **3. Service**

Service is broadly defined to include administrative service to the University, exemplary patient care, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. In the College of Medicine, a candidate's service contributions must be demonstrated to be of high quality and effectiveness. All Tenure-track and Clinical faculty members must contribute to service as evidenced by documentation of contributions over a sustained period of time.

Evidence of administrative service to the University may include appointment or election to Department, College, and/or University committees, holding administrative positions; development of innovative programs, and participating in affirmative action and mentoring activities. Program Development, reflecting the integration of teaching, service and research in a specific content area, may be given special recognition and significance if desired by the Department. Evidence of professional service to the faculty member's discipline can include editorships of, or service as, a reviewer for journals or other learned publications; offices held and other service to professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes service as a reviewer of grants or other scholarly proposals, external examiner or advisor, a panel and commission participant, and as professional consultant to industry, government, and education. While provision of high quality patient care is expected of all faculty members with clinical responsibilities, in and of itself it is insufficient for meeting the service requirement for Tenure-track and Clinical faculty.

## **VIII. APPEALS**

Decisions regarding the renewal of probationary appointments and promotion and tenure must be made in accordance with the standards, criteria, policies and procedures described in this document, in the rules of the University, and in the Appointments, Promotion and Tenure document of the College of Medicine. If a candidate believes that a non-renewal decision or negative promotion and tenure action has been made in violation of these policies, and therefore alleges that it was made improperly, the candidate may appeal that decision. University Rules [3335-5-05](#) and [3335-6-05](#) describe the criteria and the procedures for appealing a decision based on the allegation of improper evaluation.

Disagreement with a negative decision is not grounds for appeal. In pursuing an appeal, the faculty member is required to document the failure of one or more parties to the review process to follow written policies and procedures.

## **IX. REVIEWS IN THE FINAL YEAR OF PROBATION**

In most instances, a decision to deny promotion and tenure in the penultimate probationary year (11<sup>th</sup> year for faculty members with clinical responsibilities, 6<sup>th</sup> year for those without clinical responsibilities) is considered final. However, in rare instances in which there is substantial new information regarding the candidate's performance that is relevant to the reasons for the original negative decision, a seventh (or twelfth) year review may be conducted. The request for this review must come from the eligible faculty and the head of the Department, and may not come from the faculty member himself/herself. Details of the criteria and procedures for a review in the final year of probation are described in University Rule 3335-6-05 (B).

If a terminal year review is conducted by this Department and the College, it will be made consistent with this document, the Department's Appointments, Promotion and Tenure document, College's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by: (1) the College, (2) the *Rules of the University Faculty*, (3) the Office of Academic Affairs, including the Office of Academic Affairs Policies and Procedures Handbook, and (4) the Office of Human Resources.

## **X. PROCEDURES FOR STUDENT AND PEER EVALUATION OF TEACHING**

### **A. Student Evaluation of Teaching**

For formal University courses taught by members of this department, the University's Student Evaluation of Instruction (SEI) should be utilized to assess performance. For all other courses and teaching activities involving students and residents, departmentally-based (electronic) assessment tools are to be employed.

### **B. Peer Evaluation of Teaching**

Each faculty member in the Department of Orthopaedics is required to undergo peer review of at least two teaching sessions each year. The types of teaching activities that qualify for this evaluation, the format for this evaluation, and the appropriate documents for recording this evaluation are outlined in the Department written policy for peer review. The peer review documents shall become part of the permanent file of the faculty member; they will be used as part of the annual review of the faculty member and included in the dossier for reappointment and/or promotion and/or tenure

## XI. APPENDICES

### A. GLOSSARY OF TERMS

**Adjunct Faculty** – 0% FTE, non-salaried, non-clinical associated faculty that participate in the education and training of medical students. (see also **Associated Faculty**). An adjunct appointment is not the same as a **Courtesy Appointment**.

#### **APT – Appointments, Promotion and Tenure**

**Appointments, Promotion and Tenure Committee** – the body of faculty that make recommendations to the Department Chair or Dean regarding the viability of candidates for appointment, promotion and/or tenure.

**Appointments, Promotion and Tenure Document** – a document required of every Department and College that describes the guidelines that must be used for making appointments, and for faculty to achieve promotion and tenure.

**Associated** – faculty that are non-tenure track and not on clinical or research faculty appointments. These faculty fall into many sub-categories. (See also Clinical Associated Faculty, Adjunct Faculty, full-time Paid Associated)

**Clinical Associated Faculty** – 0% FTE community physicians that participate in the education and training of medical students and residents. (see also **Full-time Paid Associated Faculty**)

**Clinical Faculty** – the faculty category for physicians who primarily engage in clinical teaching and practice.

**Courtesy Appointment** – a no salary appointment for a tenure-track, clinical or research faculty member from another academic department within the University. The title associated with the no salary appointment is always the same as the position in the other department.

**Dossier** – a document compiled by a promotion and/or tenure candidate to demonstrate achievement.

**Eligible faculty** – the faculty who are authorized vote on appointment, promotion and tenure matters. These faculty must be above the candidate's rank. Clinical and Research faculty may not vote on tenure track faculty.

**Exclusion of Time** – the ability to have up to three years taken off the time clock toward achieving tenure

**Faculty appointment types** – the College of Medicine has four: Tenure-track, Clinical, Research, Associated

**FTE** – Full-time equivalent, the percentage of time worked expressed as a decimal. Full-time is 1.0, half-time is .5, and quarter-time is .25.

**Full-time Paid Associated Faculty** – 50-100% FTE physicians working within (and being paid solely by) the OSU Health System. (see also **Clinical Associated Faculty**)

**Joint Appointment** – when a faculty member’s FTE (and salary support) is split between one or more academic departments it is considered to be a joint appointment. (see also **Courtesy Appointment**)

**Mandatory review** – a required 4<sup>th</sup> year, 8<sup>th</sup> year, tenure review, or reappointment review

**MOU – Memorandum of Understanding** – a document between two academic departments expressing how a faculty member’s appointment, time, salary and other resources will be allocated and/or divided. (Used during transfer of TIU and for joint appointments.)

**Non-mandatory review** – voluntary promotion or tenure review

**OAA – Office of Academic Affairs**

**Peer Review** – evaluation of teaching by colleagues. Documentation of peer review is required for the promotion and tenure dossier.

**Penultimate year** – the next to last year of a contract, used to determine required clinical and research faculty review dates

**Prior Service Credit** – Application of years of service at the University in one faculty category or rank applied to another category or rank when a faculty member transfers appointments or is promoted. Prior service credit is not allowed for transfers; it is automatic for promotions unless turned down. For probationary Tenure-track appointments, prior service credit shortens the length of time that a faculty member has to achieve tenure by the amount of the credit.

**Probationary period** – the length of time in which a faculty member on the Tenure Track has to achieve tenure (6 years for faculty without clinical service, 11 years for faculty with clinical service). It is also defined as the first contract for Clinical or Research faculty.

**Reappointment Review** – the review of a Clinical faculty member in the penultimate year of their contract to determine if the contract will be renewed.

**Regular Faculty** – H.R. system designation for anyone holding a faculty position 50% FTE or greater in the tenure-track, clinical or research faculty in the College of Medicine.

**Research Faculty** – the faculty category for basic scientists who engage exclusively in research-based scholarship.

**Research in View** – the University’s online dossier and CV creation tool

**SEI – Student Evaluation of Instruction**

**Tenure** – permanent employment status only granted to faculty on the Tenure-track when the probationary period is successfully completed

**Tenure Track** – the faculty track for basic scientists and physicians with a major focus of research-based scholarship. **TIU – Tenure Initiating Unit**, usually synonymous with Department. Centers and Institutes are not Tenure Initiating Units (please see Appendix B for the complete list of TIUs)

**University Rules – or *Rules of the University Faculty*** – The section of the Ohio Revised Code that prescribes the rules and governance of The Ohio State University and its employees.

## **B. STATEMENT OF PROFESSIONAL ETHICS - AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS**

The statement that follows was originally adopted in 1966. Revisions were made and approved by the Association's Council in 1987 and 2009.

### **Introduction**

From its inception, the American Association of University Professors has recognized that membership in the academic profession carries with it special responsibilities. The Association has consistently affirmed these responsibilities in major policy statements, providing guidance to professors in such matters as their utterances as citizens, the exercise of their responsibilities to students and colleagues, and their conduct when resigning from an institution or when undertaking sponsored research. The *Statement on Professional Ethics* that follows sets forth those general standards that serve as a reminder of the variety of responsibilities assumed by all members of the profession.

In the enforcement of ethical standards, the academic profession differs from those of law and medicine, whose associations act to ensure the integrity of members engaged in private practice. In the academic profession the individual institution of higher learning provides this assurance and so should normally handle questions concerning propriety of conduct within its own framework by reference to a faculty group. The Association supports such local action and stands ready, through the general secretary and the Committee on Professional Ethics, to counsel with members of the academic community concerning questions of professional ethics and to inquire into complaints when local consideration is impossible or inappropriate. If the alleged offense is deemed sufficiently serious to raise the possibility of adverse action, the procedures should be in accordance with the 1940 *Statement of Principles on Academic Freedom and Tenure*, the 1958 *Statement on Procedural Standards in Faculty Dismissal Proceedings*, or the applicable provisions of the Association's *Recommended Institutional Regulations on Academic Freedom and Tenure*.

### **The Statement**

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.

3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.
4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.
5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

**American Association of University Professors**

1133 Nineteenth Street, NW, Suite 200

Washington, DC 20036

Phone: 202-737-5900 | Fax: 202-737-5526



## C. PRINCIPLES OF MEDICAL ETHICS AND PROFESSIONALISM IN ORTHOPAEDIC SURGERY

The following *Principles of Medical Ethics and Professionalism in Orthopaedic Surgery* have been adopted by the Board of Directors of the American Academy of Orthopaedic Surgeons. They are not laws, but rather standards of conduct that define the essentials of honorable behavior for the orthopaedic surgeon.

**I. Physician-Patient Relationship.** The orthopaedic profession exists for the primary purpose of caring for the patient. The physician-patient relationship is the central focus of all ethical concerns. The orthopaedic surgeon should be dedicated to providing competent medical service with compassion and respect.

**II. Integrity.** The orthopaedic surgeon should maintain a reputation for truth and honesty with patients and colleagues, and should strive to expose through the appropriate review process those physicians who are deficient in character or competence or who engage in fraud or deception.

**III. Legalities and Honor.** The orthopaedic surgeon must obey the law, uphold the dignity and honor of the profession, and accept the profession's self-imposed discipline. The orthopaedic surgeon also has a responsibility to seek changes in legal requirements that are contrary to the best interest of the patient.

**IV. Conflicts of Interest.** The practice of medicine inherently presents potential conflicts of interest. Wherever a conflict of interest arises, it must be resolved in the best interest of the patient. The orthopaedic surgeon should exercise all reasonable alternatives to ensure that the most appropriate care is provided to the patient. If a conflict of interest cannot be resolved, the orthopaedic surgeon should notify the patient of his or her intention to withdraw from the care of the patient.

**V. Confidentiality.** The orthopaedic surgeon should respect the rights of patients, of colleagues, and of other health professionals and must safeguard patient confidences within the constraints of the law.

**VI. Medical Knowledge.** The orthopaedic surgeon continually must strive to maintain and improve medical knowledge and to make relevant information available to patients, colleagues, and the public

**VII. Cooperation.** Good relationships among physicians, nurses, and health care professionals are essential for good patient care. The orthopaedic surgeon should promote the development of an expert health care team that will work together harmoniously to provide optimal patient care.

**VIII. Remuneration.** Remuneration for orthopaedic services should be commensurate with the services rendered. Orthopaedic surgeons should deliver high quality, cost-effective care without discrimination.

**IX. Publicity.** The orthopaedic surgeon should not publicize himself or herself through any medium or form of public communication in an untruthful, misleading, or deceptive manner.

**X. Societal Responsibility.** The orthopaedic surgeon has a responsibility not only to the individual patient, to colleagues and orthopaedic surgeons-in-training, but also to society as a whole. Activities that have the purpose of improving the health and well-being of the patient and/or the community in a cost-effective way deserve the interest, support, and participation of the orthopaedic surgeon.

© Revised May, 2002 American Academy of Orthopaedic Surgeons  
This material may not be modified without the express written  
permission of the American Academy of Orthopaedic Surgeons.

## D. PEER-REVIEWED ORTHOPAEDICS AND MUSCULOSKELETAL JOURNALS

### Orthopaedic and Musculoskeletal Journals

Rank	Title	Impact Factor
1	BIOMATERIALS	7.883
2	SPORTS MED	5.072
3	ACTA BIOMATER	4.824
4	J APPL PHYSIOL	4.235
5	MED SCI SPORT EXER	4.106
6	EXERC SPORT SCI REV	3.825
7	AM J SPORT MED	3.821
8	BRIT J SPORT MED	3.545
9	ARTHROSCOPY	3.317
10	J MECH BEHAV BIOMED	3.297
11	BIOMECH MODEL MECHAN	3.162
12	PHYS MED BIOL	3.057
13	J BIOMED MATER RES A	3.044
14	SPINE J	3.024
15	J ORTHOP RES	2.976
16	J BONE JOINT SURG AM	2.967
17	IEEE ENG MED BIOL	2.844
18	J AM ACAD ORTHOP SUR	2.547
19	J SCI MED SPORT	2.542
20	J ORTHOP SPORT PHYS	2.538
21	SPINE	2.510
22	BIOMED MATER	2.467
23	J BIOMECH	2.463
24	INT J SPORTS MED	2.381
25	ANN BIOMED ENG	2.376
26	CLIN SPORT MED	2.356
27	J BONE JOINT SURG BR	2.351
28	J MATER SCI-MATER M	2.325
29	J SHOULDER ELB SURG	2.314
30	GAIT POSTURE	2.313
31	LASER MED SCI	2.311
32	INJURY	2.269
33	ARCH PHYS MED REHAB	2.254
34	J BIOMATER APPL	2.246
35	J BIOMED MATER RES B	2.220
36	J ARTHROPLASTY	2.207
37	CLIN ORTHOP RELAT R	2.116
38	CLIN J SPORT MED	2.110
39	EXPERT REV MED DEVIC	2.043
40	SPORTS MED ARTHROSC	2.043
41	CLIN BIOMECH	2.036
42	EUR SPINE J	1.994
43	J ATHL TRAINING	1.993
44	J REHABIL MED	1.967
45	BMC MUSCULOSKEL DIS	1.941
46	ACTA ORTHOP	1.897
47	J SPORT SCI	1.870
48	KNEE SURG SPORT TR A	1.857
49	J BIOMAT SCI-POLYM E	1.842
50	J ORTHOP TRAUMA	1.792
51	IEEE T BIO-MED ENG	1.790
52	ARTIF ORGANS	1.719
53	J MOTOR BEHAV	1.650
54	J BIOMECH ENG-T ASME	1.584

55	INT ORTHOP	1.561
56	INT J ARTIF ORGANS	1.503
57	J ARTIF ORGANS	1.488
58	J HAND SURG-AM	1.439
59	KNEE	1.403
60	ORTHOP CLIN N AM	1.398
61	J SPINAL DISORD TECH	1.333
62	J APPL SPORT PSYCHOL	1.264
63	ASAIO J	1.221
64	MOTOR CONTROL	1.204
65	ARCH ORTHOP TRAUM SU	1.196
66	J PEDIATR ORTHOPED	1.153
67	BIOMED ENG ONLINE	1.119
68	ORTHOPEDICS	1.098
69	FOOT ANKLE INT	1.092
70	CURR SPORT MED REP	1.086
71	J APPL BIOMECH	1.078
72	BIO-MED MATER ENG	1.026
73	P I MECH ENG H	0.957
74	EUR J SPORT SCI	0.890
75	J HAND SURG-EUR VOL	0.868
76	SPORT EDUC SOC	0.857
77	J ORTHOP SCI	0.839
78	HAND CLIN	0.802
79	HIP INT	0.792
80	INT J SPORT PHYSIOL	0.787
81	SOCIOL SPORT J	0.778
82	SPORT BIOMECH	0.763
83	J FOOT ANKLE SURG	0.760
84	P I MECH ENG P-J SPO	0.727
85	J SPORT SCI MED	0.676
86	J HARD TISSUE BIOL	0.674
87	J SPORT REHABIL	0.662
88	BIOMED TECH	0.590
89	ORTHOPEDE	0.583
90	J APPL BIOMATER BIOM	0.544
91	KINESIOLOGY	0.525
92	ORTHOP TRAUMATOL-SUR	0.520
93	J MECH MED BIOL	0.493
94	J MED DEVICES	0.487
95	OPER TECHN SPORT MED	0.438
96	OPER ORTHOP TRAUMATO	0.433
97	ACTA BIOENG BIOMECH	0.432
98	J EXERC SCI FIT	0.421
99	J PEDIATR ORTHOP B	0.421
100	J MED BIOL ENG	0.420
101	SCI SPORT	0.364
102	J HUM KINET	0.321
103	ACTA ORTHOP TRAUMATO	0.309
104	J BACK MUSCULOSKELET	0.292
105	MED SPORT	0.255
106	INT SPORTMED J	0.250
107	ISOKINET EXERC SCI	0.242
108	OSTEOLOGIE	0.186
109	BIOL SPORT	0.150
110	EUR J ORTHOP SURG TR	0.146

Notes:

Top 11 journals all Sports or Basic Science

Sub-specialty variations - highest in:

Sports = Sports Med	5.092
Spine = Spine J	3.024
Total Joints = J Arthroplasty	2.207
Trauma = J. Ortho Trauma	1.792
Foot/Ankle = Foot & Ankle Intern	1.092
Oncology = no journal listed	

Highest impact journal in specialty is not always the best journal in that discipline

<b>Average</b>	<b>1.705</b>
<b>90th %ile</b>	<b>3.057</b>
<b>75th %ile</b>	<b>2.325</b>
<b>50th %ile</b>	<b>1.503</b>