

DEPARTMENT OF PEDIATRICS
APPOINTMENTS, PROMOTION AND TENURE DOCUMENT
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I. PREAMBLE

This document is a supplement to Chapters 6 and 7 of the [*Rules of the University Faculty*](#), the Office of Academic Affairs procedural guidelines for promotion and tenure reviews located at <https://oaa.osu.edu/policies-and-procedures-handbook>, and any additional policies established by The Ohio State University (OSU). Should the University's rules and policies change, the College of Medicine (COM) will follow the new rules and policies until its document is appropriately updated. The Department of Pediatrics will update its documents consistent with changes developed by the

College of Medicine. Herein are described, in qualitative terms, the Department of Pediatrics criteria for appointments, promotion and tenure within the context of the mission of the Department of Pediatrics and the promotion standards set forth in Section VII of this document. Also described are procedures for conducting Department of Pediatrics reviews for reappointment, promotion and tenure.

This document will: (1) broadly define the criteria for appointment and promotion for Tenure-Track, Clinical, Clinical Excellence, Research, and Associated faculty, and (2) describe the procedures by which a Department's faculty appointments, reappointments, promotion and tenure actions are reviewed for approval.

This document will describe, in qualitative terms, the Department's criteria for appointments, promotion, and tenure, and evidence to be provided to support a case within the context of the Department's mission as well as the mission and standards of the College of Medicine. This document will indicate with specificity how the quality and effectiveness of teaching, the quality and significance of scholarship, and the quality and effectiveness of service are to be documented and assessed. The document will also describe the department's procedures for conducting annual performance reviews of faculty and reviews for promotion and tenure. This document was drawn up through broad faculty consultation with all voting members of the Department according to the principles articulated in paragraph (C)(3) of rule 3335-3-35 of the *Rules of the University Faculty* and must be approved by the Dean of the College and the Executive Vice President and Provost.

When establishing criteria for appointments, reappointments, promotions and tenure, the Department of Pediatrics will bear in mind an institutional commitment to continuous elevation of the standards for faculty achievement. Accordingly, all decisions on promotion and/or tenure must be made in the context of a continuing effort at academic, scholarly and intellectual improvement. Therefore, a decision to promote a faculty member or award tenure cannot be made primarily on the basis of a need for that individual's area of expertise or of service to the Department, the College of Medicine or the University.

Faculty members are evaluated for their contributions to the multi-partite mission of a Department, the College of Medicine, and OSU. Evaluation encompasses accomplishments in research and scholarship, teaching, education, innovation, program development and service, including activities in support of the patient care mission of the Department of Pediatrics or College of Medicine.

The [*Rules of the University Faculty*](#) permit the College of Medicine to make appointments of Tenure Track; Clinical; Clinical Excellence; Research; and Associated faculty. Herein are described the characteristics and qualifications that distinguish these faculty members, respectively, and provide guidelines for appointments and promotions consistent with these distinctions.

The College of Medicine, as well as the Department of Pediatrics endorses the University's recognition of the value of diverse contributions by individual faculty members toward the realization of the overall mission of the institution. For example, among the Tenure-Track and Clinical faculty there may be many different patterns of scholarly activity that reflect a range of interests, skills, and accomplishments. These different patterns of performance may result in variation in emphasis between teaching, scholarship and service. Although faculty members may choose to place greater emphasis on certain aspects of scholarly activity, and less emphasis on others, the Department of Pediatrics requires that the faculty member demonstrate excellence in all areas.

All faculty members are to be evaluated for appointment and promotion using metrics that reflect the quality and impact of their contributions to the Department of Pediatrics, to the College of Medicine, to Nationwide Children's Hospital (NCH) and to OSU in the context of their assigned position descriptions. Metrics for quality and impact were carefully determined by the department and were validated, peer-reviewed and relevant to the chosen/assigned body of work.

In addition, faculty members' activities may change over time, and thus may be consistent with different patterns of performance throughout the course of their careers. All of these different patterns of faculty activity will still lead to consideration for, and granting of, promotion and/or tenure, provided that the Department's and the College's standard of excellence in all areas (including demonstration of national or international impact and recognition) as appropriate to the faculty level, is met.

The faculty and the administration are bound by the principles articulated in Faculty Rule [3335-6-01](#) of the Administrative Code. In particular, all faculty members accept the responsibility to participate fully and knowledgeably in review processes; to exercise the standards established in Faculty Rule [3335-6-02](#) and other standards specific to this department and college; and to make negative recommendations when these are warranted in order to maintain and improve the quality of the faculty.

Appointments, promotion, and tenure of candidates in the Department of Pediatrics and the College of Medicine must adhere to the Office of Human Resources [Policy 1.10](#) governing affirmative action, equal employment opportunity and non-discrimination/harassment.

This Department of Pediatrics' Promotion and Tenure document must be reviewed, and either reaffirmed or revised, upon the appointment or reappointment of the Chair. The University Executive Vice President and Provost must approve this document to indicate acceptance of the mission of the Department of Pediatrics, and the standards and criteria described herein. In doing so, the responsibility of applying high standards in evaluating existing faculty and candidates for faculty appointment is delegated to the Department of Pediatrics in the College of Medicine with the final recommendations on promotion or tenure assigned to the Executive Vice President and Provost as described in the [Rules of the University Faculty](#).

II. MISSION

The mission of the Department of Pediatrics is to promote excellence in teaching, research, academics, advocacy, and administrative service, to promote optimum health, and to provide the most effective, efficient and compassionate medical care. Excellence in teaching is measured by the quality of knowledge conferred to medical students, residents, fellows, graduate and post-graduate students and health care providers of all levels (physicians, nurses; allied health professionals). Teaching also promotes and ensures the highest-quality pediatric residency and fellowship programs in the Department of Pediatrics of The Ohio State University College of Medicine. Excellence in research and other scholarly activities is measured by the quality of those scholarly endeavors which advance the body of scientific knowledge, promote good health, and improve the treatment of diseases of children. Fulfillment of the service component of the mission includes providing the highest quality and value of clinical care for children and their families in Ohio and beyond, and improving the overall level of pediatric health to the public through coordinated and collaborative efforts with physicians and other health care workers, departmental, College and University committees, as well local, state and

national agencies. Because children cannot advocate for themselves, advocacy related to policies, protection and services for children is also an important goal of the Department of Pediatrics faculty.

The Department additionally assures that its Policy on Faculty Duties and Responsibilities, included in its Patterns of Administration, is consistent with this mission and its criteria for appointments, promotion, and tenure, merit salary, and other rewards.

The Department of Pediatrics recognizes the benefits of a diverse faculty and seeks to encourage diversity among the faculty and leadership within the Department. The Ohio State University does not discriminate against any individual on the basis of race, color, sex, religion, sexual orientation, age, national origin, disability or status as a disabled veteran or veteran of the Vietnam era. Appointments, promotion, and tenure of candidates in the Department of Pediatrics and the College of Medicine must adhere to the Office of Human Resources Policy 1.10 governing affirmative action, equal employment opportunity and nondiscrimination/harassment.

Policy and program decisions will be made by the Chair, with consultation and discussion with the Vice Chairs, the Division Heads, Center Directors, by the Department as a whole, and with the advice of standing or ad hoc Departmental committees. Departmental decision making seeks to strike a balance between assuring active and meaningful involvement of the faculty in governance and recognizing that the Chair, on behalf of the College of Medicine and Nationwide Children's Hospital, has ultimate responsibility for the Department's administration. Whenever possible, policy and program decisions in the Department will be based on the principle of majority rule.

III. DEFINITIONS

A. COMMITTEE OF THE ELIGIBLE FACULTY

1. TENURE TRACK FACULTY

The eligible faculty for appointment reviews of tenure track faculty consists of all tenure track faculty whose tenure resides in the department. For an appointment at senior rank, a second vote is taken by the faculty members eligible to vote on the rank under consideration.

The eligible faculty for appointment at senior rank, reappointment, promotion and tenure, and promotion reviews of tenure track faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the department excluding the department chair, the dean and assistant and associate deans of the college, the executive vice president and provost, and the president.

For tenure reviews of probationary professors, eligible faculty are tenured professors whose tenure resides in the department excluding the department chair, the dean and assistant and associate deans of the college, the executive vice president and provost, and the president.

2. CLINICAL FACULTY

The eligible faculty for appointment reviews of clinical faculty consists of all tenure track faculty whose tenure resides in the department, and all clinical faculty whose primary appointment is in the department. For an appointment at senior rank, a second vote is taken by the faculty members eligible to vote on the rank under consideration.

The eligible faculty for senior rank of new appointments, reappointment, contract renewal, and promotion of clinical faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the department and all non-probationary clinical faculty of higher rank than the candidate whose primary appointment is in the department excluding the department chair, the dean and assistant and associate deans of the college, the executive vice president and provost, and the president.

3 RESEARCH FACULTY

The eligible faculty for appointment reviews of research faculty consists of all tenure track faculty whose tenure resides in the department, all clinical faculty whose primary appointment is in the department, and all research faculty whose primary appointment is in the department. For an appointment at senior rank, a second vote is taken by the faculty members eligible to vote on the rank under consideration.

The eligible faculty for senior rank of new appointments, reappointment, contract renewal, and promotion reviews of research faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the department, all non-probationary clinical faculty of higher rank than the candidate whose primary appointment is in the department, and all non-probationary research faculty whose primary appointment is in the department excluding the department chair, the dean and assistant and associate deans of the college, the executive vice president and provost, and the president.

4. ASSOCIATED FACULTY

The eligible faculty for appointment reviews of Associated faculty consists of all tenure track faculty whose tenure resides in the department, all clinical faculty whose primary appointment is in the department, and all research faculty whose primary appointment is in the department.

The eligible faculty for reappointment and promotion reviews of Associated faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the department, all non-probationary clinical faculty of higher rank than the candidate whose primary appointment is in the department, and all non-probationary research faculty whose primary appointment is in the department excluding the department chair, the dean and assistant and associate deans of the college, the executive vice president and provost, and the president.

5. CONFLICT OF INTEREST

A conflict of interest exists when an eligible faculty member is related to a candidate or has a comparable close interpersonal relationship, has substantive financial ties with the candidate, is dependent in some way on the candidate's services, has a close professional relationship with the candidate (i.e. dissertation advisor), or has collaborated so extensively with the candidate that an objective review of the candidate's work is not possible. Generally, faculty members who have

collaborated with a candidate on at least 50% of the candidate's published work since the last promotion will be expected to withdraw from a promotion review of that candidate.

6. MINIMUM COMPOSITION

In the event that the department does not have at least three eligible faculty members who can undertake a review, the department chair, after consulting with the dean, will appoint a faculty member from another department within the college.

B. APPOINTMENTS, PROMOTION AND TENURE COMMITTEE

The Department of Pediatrics Appointments, Promotion and Tenure Committee assists the Committee of the Eligible Faculty in managing the personnel and promotion and tenure issues. The committee's chair and membership are appointed by the department chair. The term of service is three years, with reappointment possible. Associated Faculty are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters.

- The Vice Chair for Academic Affairs will serve as the Chair of the committee who will preside over the committee meetings, assign reviewers, and oversee committee voting. The committee will consist of rotating faculty members from tenure-track, clinical, and research faculty to reflect the rank distribution within the Department of Pediatrics. Faculty will participate in discussion and voting only on cases for which they are eligible.

C. QUORUM

The quorum required to discuss and vote on all personnel decisions is a simple majority of the eligible faculty not on an approved leave of absence. A member of the eligible faculty on Special Assignment may be excluded from the count for the purposes of determining quorum only if the department chair has approved an off-campus assignment.

Faculty members who recuse themselves because of a conflict of interest are not counted when determining quorum.

IV. APPOINTMENTS

The [*Rules of the University Faculty*](#) permit the College of Medicine to make appointments of Tenure Track; Clinical; Research; and Associated faculty. The latter includes paid and unpaid Associated faculty. The type of initial appointment to the College of Medicine must reflect the differing

qualifications described below, be congruent with the job description of the position within the Department, and be consistent with both the short-term and long-term career plans of the individual. The department chair should carefully evaluate and align the career goals of the faculty candidate and the department needs in determining the most appropriate professional trajectory for the faculty member.

No offer will be extended in the event that a search process does not yield one or more candidates who would enhance the quality of the department. The search is either cancelled or continued, as appropriate to the circumstances.

A. APPOINTMENT CRITERIA

1. TENURE TRACK FACULTY

The Tenure Track exists for those faculty members who primarily strive to achieve sustained excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for national peer-reviewed extramural funding such as that provided by the National Institutes of Health (NIH), Department of Defense, Center for Disease Control and Prevention, American Heart Association, Muscular Dystrophy Association, March of Dimes, Cystic Fibrosis Foundation and other funding agencies with similar high standards of scholarly excellence. Although excellence in teaching and outstanding service to Ohio State is required, these alone are not sufficient for progress on this track.

Appointments to this track are made in accordance with University Rule [3335-6-02](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. There must be an expectation that faculty members who are appointed to the tenure track will be assigned a workload that provides sufficient time for the faculty member to meet the expectations and requirements for tenure track appointments. The appointment process requires the Department to provide sufficient evidence in support of a Tenure Track faculty appointment so as to ensure that the faculty candidate has clearly and convincingly met or exceeded applicable criteria in teaching, scholarship, and service. [See Section VII. of this document for examples]. Each candidate for appointment should undergo an appropriate faculty review by the Department. Consensus (greater than 50%) in support of appointment must be achieved.

At the time of appointment, probationary Tenure Track faculty members will be provided with all pertinent documents detailing Departmental, College of Medicine, and University promotion and tenure policies and criteria. If these documents are revised during the probationary period, probationary Tenure Track faculty members will be provided with copies of the revised documents.

In clinical departments, each appointee must obtain the appropriate Ohio licensure and other required certifications.

Appointment: Instructor on the Tenure Track

An appointment to the rank of Instructor is always probationary. During the probationary period a faculty member does not have tenure and is considered for reappointment annually.

Appointments at the rank of Instructor are appropriate for individuals who do not yet have the requisite skills or experience to fully assume the range of responsibilities of an Assistant Professor. Appointments to this rank may also be made if all of the criteria for the position of Assistant Professor have been met with the exception that the candidate will not have completed a terminal degree, or other relevant training, at the time of the appointment. When an individual is appointed to the rank of Instructor, the letter of offer should indicate the specific benchmarks and achievements required for promotion to Assistant Professor.

An appointment at the instructor level is limited to three years. When an instructor has not completed requirements for promotion to the rank of assistant professor by the beginning of the third year of appointment, the third year is a terminal year of employment. Upon promotion to assistant professor, the faculty member may request prior service credit for time spent as an instructor. This request must be approved by the department's eligible faculty, the department chair, the dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate since prior service credit cannot be revoked without a formal request for an extension of the probationary period. In addition all probationary faculty members have the option to be considered for early promotion.

Criteria for appointment to the rank of Instructor include the following. See Table XX

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience. Individuals who have completed all the requirements of their terminal degree, but who have not obtained the final degree at the time of initial employment will be appointed as an Instructor.
- Evidence of potential for excellence in scholarship. Such evidence might include peer-reviewed publications in a mentored setting, but insufficient evidence of an independent, creative, and productive program of research with potential for external funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix D].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

Appointment: Assistant Professor on the Tenure Track

An appointment to the rank of Assistant Professor is always probationary. During a probationary period a faculty member does not have tenure and is considered for reappointment annually. Tenure cannot be awarded at the rank of Assistant Professor. An Assistant Professor must be reviewed for promotion and tenure in the mandatory review year (6th year of appointment for faculty without clinical responsibilities; 11th year of appointment for faculty with significant patient clinical responsibilities); however, promotion and tenure may be granted at any time during the probationary period when the faculty member's record of achievement so merits. Similarly, a probationary appointment may be terminated at any time subject to the provision of

University Rule [3335-6-08](#) and the provision of paragraphs (6), (H), and (I) of University Rule [3335-6-03](#).

Consistent with Faculty Rule [3335-6-09](#), faculty members with significant patient clinical service responsibilities are granted an extended probationary period of up to 11 years, including prior service credit, depending on the pattern of research, teaching, and service workload. An assistant professor with an extended probationary period is reviewed for promotion and tenure no later than during their 11th year as to whether promotion and tenure will be granted at the beginning of their 12th year. For individuals not recommended for promotion and tenure after the mandatory review, the 12th year will be the final year of employment.

Faculty who do not have any patient clinical service responsibilities have a probationary period of up to 6 years, including prior service credit, depending on the pattern of research, teaching and service workload. An assistant professor without patient clinical responsibilities is reviewed for promotion and tenure no later than during their 6th year as to whether promotion and tenure will be granted at the beginning of their 7th year. For individuals not recommended for promotion and tenure after their mandatory review, their 7th year will be their final year of employment.

For faculty with or without patient clinical responsibilities, the probationary period may be extended in one year increments by applying to the College of Medicine for Exclusion of Time (as described in Section VA3) to a maximum of 3 years.

For appointments at the rank of Assistant Professor, prior service credit of up to three years may be granted for work experience at the time of the initial appointment. Doing so requires the approval of the eligible faculty, Department Chair, Dean, and Executive Vice President and Provost. The granting of prior service credit, which requires approval of the Office of Academic Affairs, shortens a probationary period by the amount of the credit and once granted cannot be revoked except through an approved request to exclude time from the probationary period (as described in Section VA3)

Criteria for appointment at the rank of Assistant Professor in the Tenure Track include:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience.
- Early evidence of excellence in scholarship as demonstrated by the initial development of a body of research, scholarship, and creative work. In addition, evidence must be provided that supports a candidate's potential for an independent program of scholarship and a strong likelihood of independent extramural research funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix D].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

Appointment: Associate Professor with Tenure on the Tenure Track

Appointment offers at the rank of Associate Professor, with or without tenure, require prior approval of the Office of Academic Affairs. Criteria for appointment to the rank of Associate Professor with tenure are identical to the criteria for promotion to Associate Professor with Tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. Offers to foreign nationals require prior consultation with the Office of International Education.

Appointment: Associate Professor without Tenure on the Tenure Track

While appointments to the rank of Associate Professor may include tenure, a probationary period can be granted after petition to the Office of Academic Affairs. A Department must exercise care in making these appointments, especially if the probationary period will be less than four years. For faculty without patient clinical service responsibilities the probationary period may not exceed four years. For faculty with patient clinical service responsibility, the probationary period may not exceed six years. Requests for such appointments require the approval of the Dean of the College of Medicine, and the Executive Vice President and Provost.

An appointment to the rank of Associate Professor without tenure is probationary. During a probationary period a faculty member does not have tenure and is considered for reappointment annually. Criteria for appointment to the rank of Associate Professor without tenure are identical to the criteria for promotion to Associate Professor without Tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. Offers to foreign nationals require prior consultation with the Office of International Education.

Appointment: Professor with Tenure on the Tenure Track

Criteria for initial appointment to the rank of Professor with tenure are identical to the Department's and College of Medicine's criteria for promotion to Professor with tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. Offers to foreign nationals require prior consultation with the Office of International Education. Appointment to the rank of professor will include tenure unless the candidate does not have permanent residency, in which case a probationary period of up to four years may be extended to provide the faculty member with time to establish residency. During the probationary period the faculty member is considered for reappointment annually. If permanent residency is not established during the probationary period, the fourth year of appointment will be the terminal year.

2. CLINICAL FACULTY

Clinical appointments are equivalent in importance to the Department of Pediatrics and the College of Medicine to Tenure Track appointments. Clinical appointments are appropriate for those faculty members whose principal career focus is outstanding teaching, clinical and translational research and delivery of exemplary clinical care. Clinical faculty members will generally not have sufficient protected time to meet the robust scholarship requirements of the Tenure Track within a defined probationary period. For this reason, the nature of scholarship for

Clinical faculty differs from that for Tenure Track faculty and may be focused on a mixture of academic pursuits including the scholarship of practice, quality improvement, clinical integration, education, curriculum development, as well as new knowledge discovery. Clinical faculty members may choose to distinguish themselves in teaching, innovative pedagogic program development, or patient-oriented research. They may choose to distinguish themselves through several portfolios of responsibility. These reflect 1) pedagogic excellence as measured by teaching evaluations and innovative teaching practices, modules and publications; and 2) excellence in translational science, clinical research and health services (*e.g.*, health care policy and comparative effectiveness research) as measured by publications and grant funding, respectively. Clinical faculty members are not eligible for tenure and may not participate in promotion and tenure matters of tenure track faculty.

All appointments of Clinical faculty members are made in accordance with Chapter 7 of the *Rules for University Faculty 3335-7*. Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. At the time of appointment, probationary Clinical faculty members will be provided with all pertinent documents detailing Department, College of Medicine, and University promotion policies and criteria. If these documents are revised during the probationary period, faculty members will be provided with copies of the revised documents.

Contracts will be for a period of at least three years and for no more than five years. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year if he or she will be reappointed for another year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of the contract may be renegotiated at the time of reappointment. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges.

The following paragraphs will outline the basic criteria for initial appointments of Clinical faculty.

Appointment: Instructor of Clinical Pediatrics

Appointment to the rank of Instructor of Clinical Pediatrics is made if all of the criteria for the position of Assistant Professor of Clinical Pediatrics have been met with the exception that the candidate will not have completed the terminal degree, or other relevant training, at the time of the appointment. In addition, appointment at the rank of Instructor is appropriate for individuals who, at the time that they join the faculty, do not have the requisite skills or experience to fully assume the full range of responsibilities of an Assistant Professor. When an individual is appointed as an Instructor, the letter of offer should indicate the specific benchmarks and accomplishments that will be necessary for promotion to Assistant Professor.

Instructor appointments are limited to four years, with the fourth year being the terminal year. In such cases, if the instructor has not completed requirements for promotion to the rank of assistant professor by the beginning of the penultimate year of the contract period, a new contract will not be considered even if performance is otherwise adequate and the position itself will continue.

When an Instructor is promoted to Assistant Professor of Clinical Pediatrics, a new letter of offer with a probationary period of three to five years will be issued. Candidates for appointment to the rank of Instructor of Clinical Pediatrics will have, at a minimum:

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study.
- Evidence of potential for contributions to scholarship as demonstrated by activities such as publications or presentation of abstracts as primary or secondary author. The individual may not as yet have demonstrated substantial evidence of independent contributions as reflected by first author publications and/or presentations.
- Post-doctoral clinical training in an appropriate area.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].

Appointment: Assistant Professor of Clinical Pediatrics

The initial appointment to the rank of Assistant Professor of Clinical Pediatrics is always probationary. During a probationary period a faculty member is considered for reappointment annually. A probationary appointment may be terminated at any time subject to the provision of University Rule [3335-6-08](#) and the provision of paragraphs (B) and (D) of University Rule [3335-7-07](#). An Assistant Professor may be reviewed for promotion at any time during the probationary period or during a subsequent contract.

This is the appropriate level for initial appointment of persons holding the appropriate terminal degree and the relevant clinical training, who are expected to be involved in full time teaching and clinical service, with more limited contribution to scholarship. This is also the appropriate level for persons assigned major clinical responsibilities who plan to engage principally in the education or clinical and translational science research or health service research. Candidates for appointment at this rank are expected to have completed all relevant training, including residency and fellowship where appropriate, consistent with the existing or proposed clinical program goals of the Department.

Candidates for appointment to the rank of Assistant Professor of Clinical Pediatrics will have, at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience; and completion of requisite post-doctoral clinical training.
- Evidence of scholarship as demonstrated by activities such as presentation of abstracts or peer reviewed articles as primary, secondary, or corresponding author; or educational or clinical program development leadership; or involvement or leadership in quality or operations initiatives; and potential to advance through the faculty ranks.

- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].

Appointment: Associate Professor of Clinical Pediatrics

The criteria for initial appointment at the rank of Associate Professor of Clinical Pediatrics, are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

Appointment: Professor of Clinical Pediatrics

The criteria for initial appointment at the rank of Professor of Clinical Pediatrics, are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

3. RESEARCH FACULTY

Research appointments are appropriate for faculty members who focus principally on scholarship. Notably, the standards for scholarly achievement may be similar to those for individuals on the Tenure Track for each faculty rank. However, they may also provide critical research services that are required to support multiple programs of independent tenure track investigators, such as developing and running core research services. A Research faculty member may, but is not required to, participate in educational and service activities. Research faculty members are expected to contribute to a Department’s research mission may be expected to demonstrate excellence in scholarship as reflected by high quality peer-reviewed publications and successful competition for NIH or similar funding. They may also contribute to the sources of multiple projects funded by national peer-reviewed funding agencies such as NIH.

Research faculty appointments are made in accordance with Chapter 7 of the *Rules of the University Faculty 3335-7*. Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. Unless otherwise authorized by a majority vote of the Tenure Track faculty in a department, Research faculty must comprise no more than twenty per cent of the number of Tenure Track faculty in the Department. In all cases, however, the number of Research faculty positions in a unit must constitute a minority with respect to the number of tenure-track faculty in the Department.

Tenure is not granted to Research faculty.

Contracts will be for a period of at least one year and for no more than five years, and must explicitly state the expectations for salary support. In general, research faculty appointments will require 100% salary recovery. It is expected that salary recovery will be entirely derived from extramural funds or Nationwide Children’s Hospital Research Institute funds. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year as to whether he or she will be reappointed for the following year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of a contract may be renegotiated at the time of reappointment.

Research faculty members are eligible to serve on University committees and task forces but not on University governance committees. Research faculty members also are eligible to advise and supervise graduate and postdoctoral students and to be a principal investigator on extramural research grant applications. Approval to advise and supervise graduate students must be obtained from the graduate school as detailed in Section XV the [Graduate School Handbook](#).

Appointment: Research Assistant Professor

A candidate for appointment as a Research Assistant Professor must provide clear and convincing evidence he or she has a demonstrated record of impact and recognition at local or regional level, and has, at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study, or possession of equivalent experience.
- Completion of sufficient post-doctoral research training to provide the basis for establishment of an independent research program.
- An initial record of excellence in scholarship as demonstrated by having begun to develop a body of research, scholarship, and creative work, and initial evidence of program of research as reflected by first or senior author publications or multiple co-authorships and existing or strong likelihood of extramural research funding as one of several program directors or principal investigators on network-type or center grants (multiple-PD/PI) or as a co-investigator on multiple grants.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D]. Strong potential for career progression and advancement through the faculty ranks.

Appointment: Research Associate Professor

The criteria for initial appointment to the rank of Research Associate Professor are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

Appointment: Research Professor

The criteria for initial appointment to the rank of Research Professor are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

4. ASSOCIATED FACULTY

The Associated faculty appointment exists for faculty members who focus on a specific and well-defined aspect of the College mission, most commonly outstanding teaching and exemplary clinical care. Associated faculty may be involved in scholarly pursuits and service to the University, but this is not required for advancement.

Associated Faculty, as defined in the *Rules of the University Faculty* [3335-5-19](#) (D), include “persons with adjunct titles, clinical titles, visiting titles, and lecturer titles,” plus “professors, associate professors, assistant professors, and instructors who serve on appointments totaling less than fifty per cent service to the university.” Members of the Associated faculty are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters. Associated faculty appointments are for up to three years.

Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor. Adjunct appointments are never compensated. Adjunct faculty appointments are given to individuals who volunteer considerable uncompensated academic service to the department, such as teaching a course, for which a faculty title is appropriate. Criteria for appointment at advanced rank are the same as for promotion. Adjunct faculty members are eligible for promotion (but not tenure), and the relevant criteria are those for promotion of tenure-track faculty.

Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, Clinical Professor. Associated faculty with patient care responsibilities will be given clinical Associated appointments. These appointments may either be compensated or not compensated. Criteria for appointment at advanced rank are the same as for promotion. Associated clinical faculty members are eligible for promotion (but not tenure), and the relevant criteria are those for promotion of clinical faculty.

Lecturer. Appointment as lecturer requires that the individual have, at a minimum, a Master’s degree in a field appropriate to the subject matter to be taught. Evidence of ability to provide high-quality instruction is desirable. Lecturers are not eligible for tenure or promotion.

Senior Lecturer. Appointment as senior lecturer requires that the individual have, at a minimum, a doctorate in a field appropriate to the subject matter to be taught, along with evidence of ability to provide high-quality instruction: or a Master’s degree and at least five years of teaching experience with documentation of high quality. Senior lecturers are not eligible for tenure or promotion.

Assistant Professor, Associate Professor, Professor with FTE below 50%. Appointment at tenure-track titles is for individuals at 49% FTE or below, either compensated (1 – 49% FTE) or uncompensated (0% FTE). The rank of Associated faculty with tenure-track titles is determined by applying the criteria for appointment of tenure track faculty. Associated faculty members with tenure-track titles are eligible for promotion (but not tenure) and the relevant criteria are those for promotion of tenure track faculty.

Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor. Visiting faculty appointments may either be compensated or not compensated. Visiting faculty members on leave from an academic appointment at another institution are appointed at the rank held in that position. The rank at which other (non-faculty) individuals are appointed is determined by applying the criteria for appointment of tenure track faculty. Visiting faculty members are not eligible for tenure or promotion. They may not be reappointed for more than three consecutive years at 100% FTE.

Associated faculty members are appointed based on participation in the teaching, patient care, academic, or leadership missions of the College of Medicine. Unlike tenure-track and clinical

faculty members, Associated faculty members may focus on a limited number of the aspects of the College mission. The criteria for appointment and promotion of Associated faculty are consistent with the more focused mission of Associated faculty.

At a minimum, all candidates for Associated faculty appointments must meet the following criteria:

- Associated clinical faculty with clinical responsibilities must be licensed physician or health care provider.
- Have significant and meaningful interaction in at least one of the following mission areas of the College of Medicine:
 - a) Teaching of medical students, residents, or fellows: For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.
 - b) Research: These faculty members may collaborate with a Department or Division in the College in research projects or other scholarly activities.
 - c) Administrative roles within the College: This includes participation in committees or other leadership activities (e.g. membership in the Medical Student Admissions Committee).

Appointment and Reappointment: Associated Faculty at Advanced Rank

By definition, Associated Faculty members are appointed for as short as a few weeks to three year terms. As such, Associated faculty are not eligible for traditional promotion (see Section VII-A-4) , but they are eligible to be reappointed at the next rank. Appointment or reappointment at advanced rank should evidence excellence in a specific aspect of the College mission. All new appointments at advanced rank require a review and vote of the eligible faculty, an evaluation by the department chair, and an evaluation letter from a person that can attest to the faculty member's primary contribution in clinical care, teaching or scholarship.

a. Associate Professor

Teaching and Mentoring: for faculty members whose principal focus is teaching and mentoring, benchmarks for appointment or reappointment at advanced rank include sustained excellence in reviews by students and residents supervised by the faculty member, teaching awards, introduction of students to new modes of practice or patient populations not previously available to learners, participation or leadership in curriculum development.

Scholarship: For faculty members whose principal focus is scholarship, benchmarks include participation in research projects, programs, or other scholarly activity that result in enhanced regional recognition of the College through publications, funded programs, or other means. Presentations at regional meetings or leadership or participation in regional organizations dedicated to the faculty member's area of focused scholarship serve as further indicators of advancement to this rank. Although a record of publication is not an expectation for Associated faculty, publications or other forms of dissemination of

scholarship (*e.g.*, web based documents, other electronic media) are valued and contribute to advancement in rank. This is particularly true for faculty who are appointed based on their collaboration in research or other scholarly activities. Publications may be of diverse types and are not required to be first or senior authored.

Leadership and Administration: For faculty members whose principal focus is service, benchmarks may include the faculty member's membership and participation on committees or other leadership groups. Leadership of subgroups within a committee, such as a writing group, or supervision of a task force is another example of such benchmarks. There must be a sustained commitment to leadership and administration rather than a single interaction with a College or Medical Center committee or leadership group.

b. Professor

Appointment or Reappointment to the rank of Professor is based not only on sustained contributions in the faculty member's area of focus but on a more advanced stage of leadership or greater sphere of impact than that of an Associate Professor.

Teaching and Mentoring: For faculty members whose principal focus is teaching and mentoring, faculty appointed or reappointed to the rank of Professor will not only have the accomplishments of an Associate Professor but will also attain broader recognition for contributions through curriculum development and recognition of excellence in education. This may come in the form of regional and national teaching awards, membership and leadership in national organizations and meetings dedicated to medical education, adoption of teaching innovations and curricula introduced by the faculty member to institutions outside the College of Medicine, and invitations to speak at outside institutions. Although publications are not an expectation, publications or web sites conveying the faculty member's innovations will serve as an indication for dissemination of innovation outside the College.

Scholarship: For faculty members whose principal focus is scholarship, the scholarly contributions of Associated faculty appointed or reappointed to the rank of Professor will exceed the scope of those at the rank of Associate Professor. Benchmarks include participation in research projects, programs, or other scholarly activities that result in enhanced national recognition of the College through publications, funded programs, or other means. Authorship or co-authorship of manuscripts and participation in nationally funded programs of research are examples of benchmarks for those achieving this rank. Presentations at national meetings and membership or leadership in national organizations dedicated to the faculty member's focus of scholarship are further benchmarks.

Leadership and Administration: For faculty members whose principal focus is service, the faculty member appointed or reappointed to the rank of Professor will progress to senior leadership roles in the College or Medical Center. This may consist of serving as chair of committees that contribute to the growth in excellence of the College or which have made fundamental and innovative changes in College procedures, practice or culture. There must be a record of sustained senior leadership rather than a single interaction with a College or Medical Center committee or leadership group.

5. COURTESY APPOINTMENT FOR FACULTY

A non-salaried joint appointment for a University faculty member from another department is considered a Courtesy appointment. An individual with an appointment in one department may request a Courtesy appointment in another department when that faculty member's scholarly and academic activity overlaps significantly with the discipline represented by the second unit. Such appointments must use the same title as that held in the primary department. Courtesy appointments are warranted only if they are accompanied by substantial involvement in the academic and scholarly work of the Department.

B. APPOINTMENT PROCEDURES

See the [Faculty Policy on Faculty Recruitment and Selection](#) and the [Policy on Faculty Appointments](#) in the Office of Academic Affairs [Policies and Procedures Handbook](#) for information on the following topics:

- recruitment of tenure track, clinical and research faculty
- appointments at senior rank or with prior service credit
- hiring faculty from other institutions after April 30
- appointment of foreign nationals

The Department of Pediatrics's Appointments, Promotion and Tenure document (as described beginning on page 10 of this document) describes in detail the procedures to be utilized in faculty searches for initial appointments. Any faculty appointment forwarded from the Department for approval by the College of Medicine will have been made consistent with Pediatrics's 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, including the Office of Academic Affairs [Policies and Procedures Handbook](#), and (4) the Office of Human Resources. A draft letter of offer to a faculty candidate must be submitted to the Vice Dean for Academic Affairs of the College of Medicine for review and approval. The draft letter of offer will be reviewed for consistency with the essential components required by the Office of Academic Affairs Policies and Procedures Handbook, and by the College. Templates for letters of offer are found online on [OneSource](#). The Department will use these templates for each letter written to ensure that the approved version is used. The following sections provide general guidelines for searches.

1. TENURE TRACK FACULTY

A national search is required to ensure a diverse pool of highly qualified candidates for all tenure track positions. Exceptions to this policy must be approved by the college and the Office of Academic Affairs in advance. Search procedures must entail substantial faculty involvement and be consistent with the OAA [Policy on Faculty Recruitment and Selection](#). Searches for tenure track faculty proceed as follows:

The Dean of the College provides approval for the Department to commence a search. The Department Chair or the individual who has commissioned the search appoints a search committee, usually consisting of three or more faculty members who reflect the field of expertise that is the focus of the search, as well as other fields within the Department.

Prior to any search, members of all search committees must undergo inclusive hiring practices training available through [the college with resources from the Office of Diversity and Inclusion](#). Implicit bias training, also strongly encouraged, is available through the [Kirwan Institute for the Study of Race and Ethnicity](#).

The search committee:

- Appoints a Diversity Advocate who is responsible for providing leadership in assuring that vigorous efforts are made to achieve a diverse pool of qualified applicants.
- Develops a search announcement for internal posting in the University Job Postings through the Office of Human Resources Employment Services (hr.osu.edu) and external advertising, subject to the Department Chair's approval. The announcement will be no more specific than is necessary to accomplish the goals of the search, since an offer cannot be made that is contrary to the content of the announcement with respect to rank, field, credentials, salary. In addition, timing for the receipt of applications will be stated as a preferred date, not a precise closing date, in order to allow consideration of any applications that arrive before the conclusion of the search.
- Develops and implements a plan for external advertising and direct solicitation of nominations and applications. If there is any likelihood that the applicant pool will include qualified foreign nationals, the search committee must assure that at least one print advertisement is published in one of the discipline's academic journals. Exclusive announcement in electronic media is not sufficient. The University does not grant tenure in the absence of permanent residency ("green card"), and U. S. Department of Labor guidelines do not permit sponsorship of foreign nationals for permanent residency unless the search process resulting in their appointment to a Tenure Track position included an advertisement in a nationally circulated journal.
- Screens applications and letters of recommendation and presents its findings to the Department Chair. If the Department Chair does not believe that there is a candidate worthy of interview, the search will resume. The opportunity will also exist for the position to be withdrawn or redefined.

On-campus interviews are arranged by the search committee chair. Interviews with candidates must include opportunities for interaction with faculty groups, including the search committee; graduate students or residents, where appropriate; the Department Chair; and the Dean or designee. In addition, it is recommended that all candidates make a presentation to the faculty, students and/or residents on their scholarly activity. All candidates interviewing for a particular position must follow the same interview format.

Following completion of on-campus interviews, the Search Committee presents its findings and makes its recommendations to the Department Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment.

If the offer involves senior rank (Associate Professor or above), the eligible faculty members must also vote on the appointment. If the offer may involve prior service credit, the eligible faculty members vote on the appropriateness of such credit. Appointment offers at the rank of Associate Professor or Professor, with or without tenure, and/or offers of prior service credit require prior approval of the Office of Academic Affairs.

Potential appointment of a foreign national who lacks permanent residency must be discussed with the Office of International Affairs. The university does not grant tenure in the absence of permanent residency status. The department will therefore be cautious in making such appointments and vigilant in assuring that the appointee seeks residency status promptly and diligently.

2. CLINICAL FACULTY

Searches for initial appointments of Clinical faculty should follow the same procedures as those utilized by the Department and the College of Medicine for Tenure Track faculty, with the exception that the candidate is not required to give a presentation during the on-campus interview. A national search is required to ensure a diverse pool of highly qualified candidates for all clinical faculty positions. Exceptions to this policy must be requested in advance from the Dean of the College of Medicine. Search procedures must be consistent with the OAA [Policy on Faculty Recruitment and Selection](#).

3. RESEARCH FACULTY

Searches for initial appointments of Research faculty should follow the same procedures as those utilized by the Department and the College of Medicine for Tenure Track faculty, with the exception that the candidate is not required to make a presentation during the on-campus interview. A national search is required to ensure a diverse pool of highly qualified candidates for all research faculty positions. Exceptions to this policy must be requested in advance from the Dean of the College of Medicine. Search procedures must be consistent with the OAA [Policy on Faculty Recruitment and Selection](#).

4. ASSOCIATED FACULTY

Initial appointments to a paid position on the Associated faculty should follow the same procedures as those utilized by the Department and the College of Medicine for Clinical faculty, with the exception that a national search is not required. Appointments to unpaid positions in the Associated Faculty require no formal search process.

5. COURTESY APPOINTMENTS FOR FACULTY

Any department faculty member may propose a 0% FTE (Courtesy) appointment for a faculty member from another OSU department. A proposal that describes the uncompensated academic

service to the courtesy department justifying the appointment must be considered at a faculty meeting. The Chair must review all courtesy appointments every three years to determine whether they continue to be justified, may take recommendations for nonrenewal from the faculty, and must conduct a vote at a meeting. A courtesy faculty appointment forwarded from a Department for approval by the College must have been made consistent with that Department's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by the [Rules of the University Faculty](#), the Office of Academic Affairs, and the Office of Human Resources.

6. TRACK TRANSFER

If faculty members' activities become more aligned with the criteria for appointment as Clinical faculty, they may request a transfer. Transfer from the tenure track is permitted only under the strict guidelines detailed in the paragraphs below, per University Rules [3335-7-09](#) and [3335-7-10](#). Furthermore, such transfer may not be used as mechanism for retaining underperforming faculty members. An engaged, committed, productive and diverse faculty should be the ultimate goal of all appointments.

Tenure is lost upon transfer, and the department chair, the college dean, and the executive vice president and provost must approve transfers.

The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed.

If faculty members wish to engage exclusively in research, without the multiple demands required of the tenure track, they may request a transfer to Research Faculty. The Department Chair, Dean, and Executive Vice President and Provost must approve a transfer request. The first appointment to the new track is probationary; and tenure, or the possibility thereof, is revoked.

Transfer of Clinical or Research faculty to the Tenure Track is not permitted, but Clinical and Research faculty are eligible to apply for Tenure Track positions through a competitive national search.

The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities. Presumably, these will differ from prior expectations.

V. ANNUAL REVIEW PROCEDURES

The department follows the requirements for annual reviews as set forth in the [Faculty Annual Review Policy](#).

The Department Chair or his or her designee must conduct an annual review of every faculty member, irrespective of rank, in accordance with University Rule [3335-6-03](#) (C), and the Office of Academic Affairs [Policies and Procedures Handbook](#). The only exception to this guideline is that Courtesy appointments do not require formal annual renewal, but continuation of the appointment should reflect

ongoing academic involvement as described in the Office of Academic Affairs Policies and Procedures [Volume 1](#): 2.3.1.6.

Procedures for Tenure Track, Clinical, Clinical Excellence, Research Faculty, and Full-time Paid Associated Faculty

The faculty member must maintain an up-to-date Research in View profile and/or keep a recent curriculum vitae on record with the Department. The Department of Pediatrics has created a standardized online evaluation tool to suit our unique needs. The Department Chair or his or her designee will supply each faculty member with a written evaluation of his or her performance, in narrative format. Annual reviews must include an opportunity for a face-to-face meeting with the Department Chair. Reviews of individual faculty are conducted by division chiefs or research center directors. Following faculty reviews, the division chief or center director will provide a review of all faculty within their division or center to the chair and vice chairs (Academic, Clinical, Education, Quality and Research). The department chair is required (per Faculty Rule [3335-3-35](#)) to include a reminder in the annual review letter that all faculty have the right (per Faculty Rule [3335-5-04](#)) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.

A. ANNUAL REVIEW PROCEDURES: PROBATIONARY TENURE TRACK FACULTY

Every probationary tenure track faculty member is reviewed annually by the chair, who meets with the faculty member to discuss his or her performance and, future plans and goals; and prepares a written evaluation that includes a recommendation on whether to renew the probationary appointment.

If the department chair recommends renewal of the appointment, this recommendation is final. The department chair's annual review letter to the faculty member renews the probationary appointment for another year and includes content on future plans and goals. The faculty member may provide written comments on the review. The department chair's letter (along with the faculty member's comments, if received) is forwarded to the dean of the college. In addition, the annual review letter becomes part of the cumulative dossier for promotion and tenure (along with the faculty member's comments, if he or she chooses).

If the department chair recommends nonrenewal, the Fourth-Year Review process (per Faculty Rule [3335-6-04](#)) is invoked. Following completion of the comments process, the complete dossier is forwarded to the college for review and the dean makes the final decision on renewal or nonrenewal of the probationary appointment.

1. FOURTH YEAR REVIEW

Each faculty member in the fourth year of probationary service must undergo a review 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 Advisory Committee is not mandatory. The objective of this review will be to

determine if adequate progress towards the achievement of promotion and tenure is being made by the candidate.

If either the Department Chair or the Dean recommends nonrenewal of a faculty member's probationary contract, the case will be referred to the College Appointment, Promotion and Tenure Advisory Committee, which will review the case, vote and make a recommendation to the Dean. The Dean makes the final decision regarding renewal or nonrenewal of the probationary appointment.

In all cases, the Dean independently evaluates all faculty in their fourth year of probationary appointment and will provide the Department Chair with a written evaluation of the candidate's progress.

2. EIGHTH YEAR REVIEW

For faculty members with an 11 year probationary period, an eighth year review, utilizing the same principles and procedures as the fourth year review, will also be conducted.

3. EXCLUSION OF TIME FROM PROBATIONARY PERIOD

University guidelines for Exclusion of Time from Probationary Period are specified in University Rule [3335-6-03\(D\)](#), and are reproduced as follows:

- (1) An untenured tenure-track faculty member will have time excluded from the probationary period in increments of one year to reflect the caregiving responsibilities associated with the birth of a child or adoption of a child under age six. Department chairs or school directors will inform the office of academic affairs within one year of the birth of a child or the adoption of a child under age six of a probationary faculty member unless the exclusion of time is prohibited by paragraph (D)(3) of this rule. The probationary faculty member may choose to decline the one-year exclusion of time from the probationary period granted for the birth or adoption of a child under six years of age by so informing her/his TIU head, dean, and the office of academic affairs in writing before April 1 of the new mandatory review year following granting of the declination. The exclusion of time granted under this provision in no way limits the award of promotion and tenure prior to the mandatory review year (see paragraph (D)(2) of this rule). The maximum amount of time that can be excluded from the probationary period per birth event or adoption of children under age six is one year.
- (2) A probationary tenure-track faculty member may apply to exclude time from the probationary period in increments of one year because of personal illness, care of a seriously ill or injured person, an unpaid leave of absence, or various factors beyond the faculty member's control that hinder the performance of the usual range of duties associated with being a successful university faculty member, i.e., teaching, scholarship, or service. The typical probationary period for non-clinical tenure track faculty is 6 years. However, the dean will support extensions up to 10 years for a variety of appropriate and valid reasons, e.g. technical, national funding climate, medical and other rationales that are reasonably beyond the candidate's control. Requests to exclude time from the probationary period made under the terms of this paragraph must be submitted to the chair of the

Department. Requests will be reviewed by the Department's promotion and tenure committee which will advise the Department Chair regarding their appropriateness. Such requests require approval by the Department Chair, Dean, and Executive Vice President and Provost. A request to exclude time from the probationary period for any of these reasons must be made prior to April 1 of the year in which the mandatory review for tenure must occur. The extent to which the event leading to the request was beyond the faculty member's control, the extent to which it interfered with the faculty member's ability to be productive and the faculty member's accomplishments up to the time of the request will be considered in the review of the request.

- (3) A request to exclude time from the probationary period for any reason will not be granted after a nonrenewal notice has been issued nor will previously approved requests to exclude time from the probationary period in any way limit the university's right not to renew a probationary appointment.
- (4) Except in extraordinary circumstances, a maximum of three years can be excluded from the probationary period for any reason or combination of reasons for an instructor, assistant professor or associate professor. Exceptions require the approval of the Tenure Initiating Unit chair, dean, and executive vice president and provost.
- (5) Tenure-track faculty members will be reviewed annually during their probationary periods regardless of whether time is excluded from that period for any of the above reasons unless their absence from campus during an excluded period makes conduct of such a review impractical.
- (6) For purposes of performance reviews of probationary faculty, the length of the probationary period is the actual number of years of employment at this university less any years of service excluded from the probationary period under the terms of this rule. Expectations for productivity during the probationary period cannot be increased as a consequence of exclusions of time granted under the terms of this rule.

B. ANNUAL REVIEW PROCEDURES: TENURED FACULTY

Tenured faculty members are to be reviewed annually by the Department Chair or his or her designee. The department chair or his or her designee meets with each faculty member to discuss his or her performance and future plans and goals; and prepares a written evaluation in narrative format. The faculty member may provide written comments on the review.

C. ANNUAL REVIEW PROCEDURES: CLINICAL FACULTY

The annual review process for clinical probationary and non-probationary faculty is identical to that for tenure track probationary and tenured faculty respectively.

In the penultimate contract year of a clinical faculty member's appointment, the department chair must determine whether the position held by the faculty member will continue. If the position will

not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule [3335-6-08](#) must be observed.

In the penultimate year of a clinical faculty member's appointment, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. This review proceeds identically to the Fourth-Year Review procedures for tenure track faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract.

D. ANNUAL REVIEW PROCEDURES: RESEARCH FACULTY

The annual review process for research probationary and non-probationary faculty is identical to that for tenure track probationary and tenured faculty respectively.

In the penultimate contract year of a research faculty member's appointment, the department chair must determine whether the position held by the faculty member will continue. If the position will not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule [3335-6-08](#) must be observed.

If the position will continue, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. This review proceeds identically to the Fourth-Year Review procedures for tenure track faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract.

E. ANNUAL REVIEW PROCEDURES: ASSOCIATED FACULTY

Associated faculty members are appointed on a yearly basis and there is no presumption of reappointment. When considering reappointment of Associated faculty members, at a minimum, their contribution to the Department must be assessed on an annual basis and documented for the individual's personnel file. This may take the form of self-evaluation. Neither a formal written review nor a meeting is required. The exception to the above is that paid full-time Associated faculty (75% or greater FTE) are required to have a written annual review conducted by the Department Chair or his or her designee. The same procedure used for probationary tenure track faculty should be used. 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. MERIT SALARY INCREASES AND OTHER REWARDS: 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.

Meritorious performance in teaching, scholarship, 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 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.

B. MERIT SALARY INCREASES AND OTHER REWARDS: PROCEDURES

Each faculty member must undergo an annual review utilizing the principles outlined in Section V of this document. The Department Chair will compare the faculty member's performance to stated expectations and to those recorded in the relevant Appointments, Promotion and Tenure document, and then determine an appropriate level of merit salary increase (if any). Other rewards will be determined in a similar manner.

Faculty members who wish to discuss dissatisfaction with their salary increase with the department chair should be prepared to explain how their salary (rather than the increase) is inappropriately low, since increases are solely a means to the end of an optimal distribution of salaries.

C. MERIT SALARY INCREASES AND OTHER REWARDS: DOCUMENTATION

Documentation for the purposes of determining merit salary increases will use the same standards as are applied for considerations of promotion and/or tenure. These standards are described in Section VII of this document, and may be augmented by additional descriptions in the Appointments, Promotion and Tenure document of the Department.

VII. PROMOTION AND TENURE, AND PROMOTION REVIEWS

A. CRITERIA

Outlined below are the Department of Pediatrics' formal criteria for academic advancement, including promotion and awarding of tenure. The College of Medicine expects that when a Department forwards the dossier of a candidate for review and has recommended promotion and/or granting of tenure, every diligent effort has been made to ensure the qualifications of the candidate meet or exceed applicable criteria.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised. As the College of Medicine diversifies and places new emphasis on interdisciplinary endeavors and program development, instances will arise in which the proper work

of 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 University as an institution dedicated to the discovery and transmission of knowledge.

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

Annually, the OSU Office of Academic Affairs establishes specific guidelines, procedures, and schedules for the review of candidates for promotion and tenure. The Dean of the College of Medicine also establishes and communicates the latest date for the receipt of dossiers for annual consideration by the College. Upon receipt of a candidate’s dossier, the Dean of the College of Medicine will submit the dossier to the College’s Appointments, Promotion and Tenure Advisory Committee for formal review. The committee will review the dossier, consistent with responsibilities described in Section X of this document, and convey to the Dean in writing a recommended action to be taken. The Dean will consider the recommendations of the committee and will convey, in writing, a recommended action to the Executive Vice President and Provost.

1. PROMOTION OF TENURE TRACK FACULTY

a. TO ASSOCIATE PROFESSOR WITH TENURE

Tenure is not awarded below the rank of associate professor at the Ohio State University.

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

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

Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. While individual circumstances may vary, both the quantity and quality of publications should be considered. Metrics that are useful in assessing a candidate include the total number of citations of their publications, the impact factor of journals in which they have published and their H-index. A sustained record of high quality and quantity of scholarly productivity as an assistant professor is required for promotion to the rank of associate professor 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. Participation in collaborative, multidisciplinary research and team science is highly valued (Team Science), 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. This collaborative "Team Science" may also be recognized by participation as Co-PI on nationally-funded projects, PI of components of NIH U grants, and participation as an essential core service provider on multiple externally-funded grants in which the contribution of the faculty member is clearly evident.

Examples of discipline specific considerations include publications in highly specialized journals that may have a high impact in the field, but a relatively low overall impact factor and citation index. In addition, national levels of productivity amongst 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.

Evidence of sustained or multiple grant support is another crucial indicator of expertise in the field. Candidates for promotion to associate professor with tenure who are without significant clinical responsibilities must have obtained NIH funding as a principal investigator (PI) on an ROI or as one of several program directors or principal investigators on a large NIH grant (multiple-PD/PI) (*i.e.*, multicenter R01 or equivalent such as a project on a P01, U), or equivalent funding from the National Science Foundation (NSF) or have obtained a mid-career K award. They should ideally have demonstrated sustainability of their research program by renewal of the NIH award and/or by garnering a second distinct NIH grant and/or another nationally competitive, peer reviewed grants. The latter may include support from prominent national charitable foundations (*e.g.*, American Heart Association, American Diabetes Association, American Cancer Society, Muscular Dystrophy Association, Cystic Fibrosis Foundation, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other

federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation.

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

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

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

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

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

Teaching excellence is most commonly demonstrated in this track through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials

at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards F31, F32 or other mentored fellowship awards for graduate students or postdoctoral fellows is highly valued as a teaching and mentoring activity.

Service: Service includes administrative service to the Department of Pediatrics and/or the College of Medicine, excellent 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. Table 1 below provides a summary of expected benchmarks for promotion to associate professor with tenure.

(Table 1 on next page)

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

Candidate	Peer-review publications	Grants and Patents (Must satisfy at least one bullet point)	Teaching	Service and National Role
Those with clinical commitments (11 year probationary period), and those without (6 year probationary period)	≥ 25 with at least 50% with an impact factor at or above the 50 th percentile for a given discipline. ^a As a general guideline ≥ 20 peer reviewed, original science publications since appointment as an assistant professor for those with a 6 year probationary period; whereas for those with an 11 year probationary period, this guideline is ≥ 15. Approximately 50% of these should be in the position of first or senior author.	<ul style="list-style-type: none"> • PI or multiple-PD/PI on 1 funded R01 (or equivalent^b) • PI on K99/R00 in the R00 phase of the grant <u>plus</u> PI on another funded, multi-year national grant • Patent(s) generating licensing income <u>plus</u> PI on a funded, multi-year national grant • PI on subcomponent of NIH U grant • Co-I on multiple national externally-funded grants where the contribution of the faculty member is evident. 	Positive local teaching evaluations (e.g. ≥ 4 on a 5 point scale); External national or international invited lectures, plenaries, Grand Rounds; Excellence in trainee mentorship ^c	Hospital and/or University committees plus leadership roles in professional societies and/or multiple <i>ad hoc</i> or NIH study section membership; and/ or service as an <i>ad hoc</i> reviewer or on editorial boards
Quantitative-computational (Q/C) investigators primarily located in the Battelle Center for Mathematical Medicine	Same as above with the following caveats: <ul style="list-style-type: none"> • Middle authorships are to be weighted as highly as first or senior authorships, provided the faculty member is the senior Q/C author. • Computer science conference proceedings are acceptable publication venues. Conference acceptance rates, venue prominence, and conference-specific H indices can be used in support of the publication record. 	Same as above with the following caveats: <ul style="list-style-type: none"> • Multi-year NSF grants may count as R01 equivalents, understanding that these tend to be lower in budget than R01s. • The candidate may occupy the role of Co-Investigator as the senior Q/C specialist. The portfolio should include sufficient grants to afford comparable funded effort overall to what is expected under a normal PI/Co-PI role. 	Same as above.	Same as above.

^atarget impact factor for discipline to be determined by Center Director or clinical Division Chief as appropriate. For most pediatric subspecialties this number should be ≥ 2.0. ^binvestigator-initiated extramural grant (e.g. state, foundation) similar in budget and scope to an R01. ^cas evidenced by national trainee presentations, publications, awards, K-award mentorship, etc.

b. TO ASSOCIATE PROFESSOR WITHOUT TENURE

Promotion to Associate Professor without Tenure is available only to faculty members with 11 year probationary periods (faculty with clinical responsibilities). Exceptions to this for 6 year probationary period faculty can only occur with special exception by the University Provost. Criteria for promotion to Associate Professor will require a level and pattern of achievement that demonstrates that the candidate is making significant progress toward tenure, but has not

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

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

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 (on next page) provides a summary of expected benchmarks for promotion to associate professor without tenure.

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

Candidate	Peer-review publications	Grants and Patents (Must satisfy at least one bullet point)	Teaching	Service and National Role
Those with clinical commitments (11 year probationary period) and those without (6 year probationary period only with approval of the University Provost)	≥ 15 with at least 50% with an impact factor at or above the 50th percentile for a given discipline. ^a As a general guideline ≥12 peer reviewed, original science publications since appointment as an assistant professor. Approximately 50% of these should be first or senior author.	<ul style="list-style-type: none"> • PI or multiple-PD/PI on 1 funded R01 (or equivalent^b) • PI on any national, individual multi-year grant (including career development grants^c) <u>plus</u> one or more of the following: <ol style="list-style-type: none"> a) PI on at least one additional national multi-year grant b) Funded Co-Investigator status on an R01 c) PI status on multiple Pharma grants d) Patent/inventorship with licensing income e) An unfunded NIH R01 with a score between the 10th and 18th percentile for a new investigator, until average pay lines exceed 18thile • PI on subcomponent of NIH U grant • Co-I on multiple national externally-funded grants where the contribution of the faculty member is evident. 	Positive local teaching evaluations (e.g. ≥ 4 on a 5 point scale); External national or international invited lectures, plenaries, Grand Rounds; Excellence in trainee mentorship ^d	Hospital and/or University committees plus leadership roles in professional societies and/or multiple <i>ad hoc</i> or NIH study section membership; and/or service as an <i>ad hoc</i> reviewer or on editorial boards
Quantitative-computational (Q/C) investigators primarily located in the Battelle Center for Mathematical Medicine	Same as above with the following caveats: <ul style="list-style-type: none"> • Middle authorships are to be weighted as highly as first or senior authorships, provided the faculty member is the senior Q/C author. • Computer science conference proceedings are acceptable publication venues. Conference acceptance rates, venue prominence, and conference-specific H indices can be used in support of the publication record 	Same as above with the following caveats: <ul style="list-style-type: none"> • Multi-year NSF grants may count as R01 equivalents, understanding that these tend to be lower in budget than R01s. • The candidate may occupy the role of Co-Investigator as the senior Q/C specialist. The portfolio should include sufficient grants to afford comparable funded effort overall to what is expected under a normal PI/Co-PI role. 	Same as above.	Same as above.

^atarget impact factor for discipline to be determined by Center Director or clinical Division Chief as appropriate. For most pediatric subspecialties this number should be ≥ 2.0. ^b investigator-initiated extramural grant (e.g. state, foundation) similar in budget and scope to an R01. ^ce.g. K08, K23, K99/R00 in the K99 phase of the grant. ^das evidenced by national trainee presentations, publications, awards, K-award mentorship, etc.

C. TO PROFESSOR (TENURE TRACK)

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

Scholarship: A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an Associate Professor is required for promotion to Professor (see table 3). For example, an H-score over 25, and/or 50 to 70 peer-review publications with an average impact factor of 3 to 6. Candidates for promotion to professor should ideally have 25-35 peer-reviewed publications since their promotion to associate professor. Clear evidence of an international reputation including: election to a leadership position in an international society or repetitive appointments to a national office, service as a national committee or task force chair, chair of an NIH or other federal review panel, membership on an NIH study section, peer recognition or awards for research, and editorships and lectures in international venues. Candidates for promotion will be expected to have developed and maintained nationally competitive and peer reviewed extramural funding to support their research program including sustained NIH funding. At a minimum, basic science candidates for promotion to professor must be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH awards. For clinician scientists seeking promotion to professor accommodation should be made in their grant requirements based on their clinical duties.

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

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

Service: Promotion to the rank of Professor requires service with distinction to the COM, OSU, and in national and international professional societies. Service can include leadership roles on OSU committees, in professional organizations and journal editorships. Evidence of

the provision of professional expertise could include roles as a board examiner, service on panels and commissions, program development, and professional consultation to industry, government, and education.

Table 3 Summary of representative metrics used to assess suitability for promotion the rank of Professor with tenure.

Faculty status	Peer-review publications	Grants and Patents	Teaching	Service and National Role
tenure track, except as below	50-70 peer-reviewed journal papers with at least an impact factor at, or preferably above, the 50th %ile for a given subspecialty or discipline or an H-index of 15-25, depending on the candidate's subspecialty or discipline. Ideally there should be 25-35 peer-reviewed journal papers since promotion to associate professor. Approximately 60% of these should be in the position of first or senior author.	Renewed or new R01 in thematic area <u>plus</u> a) second significant national, non-Federal grant <u>or</u> b) a second R01 or equivalent grant (e.g., project on a P01 or U54 project); <u>or</u> c) two or more patents yielding licensing income.	Teaching awards; consistently positive teaching evaluations (e.g., scores averaging 4 or better on 1-5 scale) or positive lecture evaluations from national audience; T32 or K-award mentorship; student or trainee awards; authoring/editing leading textbook(s); leadership role in curriculum or training program development.	University or Hospital committees plus: Leadership role in national or international society and regular NIH study section membership or federal panel or committee work; Journal editorial board or Associate Editor/Editor status.
Quantitative-computational (Q/C) investigators primarily located in the Battelle Center for Mathematical Medicine	Same as above with the following caveats: <ul style="list-style-type: none"> • Middle authorships are to be weighted as highly as first or senior authorships, provided the faculty member is the senior Q/C author. • Computer science conference proceedings are acceptable publication venues. Conference acceptance rates, venue prominence, and conference-specific H indices can be used in support of the publication record. 	Same as above with the following caveats: <ul style="list-style-type: none"> • Multi-year NSF grants may count as R01 equivalents, understanding that these tend to be lower in budget than R01s. • The candidate may occupy the role of Co-Investigator as the senior Q/C specialist. The portfolio should include sufficient grants to afford comparable funded effort overall to what is expected under a normal PI/Co-PI role. 	Same as above.	Same as above.

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-investigators status in one of the grant categories listed above is a prerequisite to tenure. For clinicians with 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 have a greater responsibility for clinical teaching and patient care than individuals in the Tenure Track. Clinical faculty 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.

It should be noted that Clinical Faculty may continue their service to the Department of Pediatrics and OSU without ever seeking promotion to the next higher faculty rank, simply through repeated reappointment at the same rank. However, the goals and objectives of the College of Medicine and OSU are best served when all faculty strive for continued improvement in all academic areas as measured by meeting or exceeding the requirements for promotion to the next faculty rank.

There are three distinct pathways for Clinical faculty that can be utilized for promotion; these include the Clinician Educator Pathway, Clinician Scholar Pathway, and the Clinical Excellence Pathway. The descriptions of these pathways can be found below, and the specific criteria for promotion are given in Table 4.

A. CLINICIAN SCHOLAR PATHWAY (see Table 4 for detailed list of criteria)

Faculty members on this pathway are clinical scholars and scientists. The Clinical Scholar Pathway is designed to recognize clinical faculty who have a strong commitment to research (basic biomedical, clinical, educational, health services). Research and teaching are of paramount importance in this pathway. Involvement in patient care is expected and should be of exceptional caliber, but is not necessarily the primary obligation and should not override the commitment to research and teaching. The quality of research and productivity are judged by multiple criteria, including the candidate's role in well focused, research as a participant, project initiator or leader, publication of results in peer-reviewed journals and presentation of peer-reviewed research. There should be evidence of the consistent and active participation in research protocols that receive high ratings from national funding agencies. However, evaluation must take into account the fact that funding can be subject to variables that lie beyond the scientific and scholarly merits of the investigator. The Clinician Scholar is also expected to be involved in educational activities including high quality teaching related to their discipline.

In most cases physicians with a major research commitment direct their clinical activities to well-defined areas of special expertise, which often contribute to the university/college mission. Clinician Scholars may be recognized experts with in-depth knowledge of the pathophysiology and management of disorders within their specialty. They develop special expertise about particular disorders usually in relation to their research activities.

B. CLINICIAN EDUCATOR PATHWAY (see Table 4 for detailed list of Criteria)

This pathway recognizes the clinician who carries a heavy clinical load and is actively involved in student and graduate medical education. These faculty members may participate in research but this is not required for advancement. The clinician educator has major commitments to patient care and teaching.

These faculty members may be involved in the scholarship of integration, application, and teaching. Scholarship of integration involves interpreting published research, integrating new clinical knowledge with previous concepts and selecting outmoded clinical concepts for discard. Scholarship of application tests new knowledge in clinical practice. Combining new knowledge with experience in clinical practices, they teach medical students, residents, and peers. They may have major interest in developing more effective teaching methods. Settings for education include the classroom, ambulatory clinics and offices, continuing medical education programs, diagnostic suites, operating rooms, and the hospital bedside.

Clinician educators must be involved in the discovery, organization, interpretation and transmission of new knowledge related to patient care, health care delivery, health care economics, professional ethics, medical legal issues or new educational methodology. They must participate in publications, but may or may not be a primary author on peer-reviewed papers in their field. However, their publications should influence the practice of clinical medicine at the regional and/or national levels. Clinician educators are not required to be principal investigators on research grants from national funding sources, but are encouraged to participate in research as co-investigator, mentors or a principal investigator on grants from local and regional funding sources.

Clinician educators may be recognized clinical experts with advanced and in-depth knowledge of the pathophysiology and management of disorders within their general or specialty field. They may be sought as consultants in difficult cases and receive patients referred from a wide area. Faculty in this pathway must maintain licensure and certification to practice their specialty. They are expected to be recognized by election to local, regional, national and international scientific organizations in their specialty. They must maintain clinical privileges at an OSU affiliated teaching hospital.

C. CLINICAL EXCELLENCE PATHWAY (see Table 4 for detailed list of Criteria)

In circumstances where individuals are assigned major responsibilities (90% time or greater) for clinical care and administrative activities, faculty members may seek promotion for excellence in activities categorized as “scholarship of practice” (or “scholarship of application”). It is the expectation that this pathway would be used in extremely rare situations.

The clinical time commitment of these individuals may not allow scholarly productivity or the achievement of personal national recognition for their accomplishments; however, their unique contributions enhance the national recognition of the Medical Center or their assigned hospital. For these individuals, their contribution to the regional and national recognition of the Medical Center may serve as a proxy for individual national recognition. At a minimum they should demonstrate:

- a) Referral patterns outside of the typical distribution for their discipline (demonstrates a reputation external to the medical center that is exemplary)

- b) Faculty member receives referrals of the most complex patients (identifies those physicians with clinical skills beyond their peers).
- c) Multiple lines of evidence supporting excellence in clinical performance, including clinical quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
- d) Establishment of quality improvements or systems-based changes that result in enhancement of the care provided to medical center patients.
- e) A sustained track record of exemplary clinical leadership and unique program development within the institution.
- f) Demonstration of dissemination of peer reviewed data and expertise in the form of Grand Rounds, clinical practice guidelines, seminars, podcasts, websites, small group activities with peer reviewed data and internal benchmarking.
- g) Demonstration of collaboration with researchers and educators in the department and beyond.
- h) Metrics should include consistent rankings among the Nation's elite in the Castle-Connolly or U.S. News Physicians Survey, or similar (Best Doctors, Inc).

One of the most important measures of excellence in the scholarship of practice would be evidence that activities or innovations of an individual faculty member have contributed to a change in the scope and the nature of practice in his or her own discipline. Another piece of evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems.

A faculty member who qualifies for promotion on this pathway should have supportive annual evaluations that document clinical effort in the years leading up to promotion on this pathway.

Table 4. Criteria Matrix for Clinical Faculty

R=Required S=Suggested

DEPARTMENT OF PEDIATRICS CLINICAL FACULTY RANKS CRITERIA			
<i>Under exceptional circumstances, promotions may be recommended when the candidate does not meet all of the basic criteria. These will be unusual cases.</i>			
Instructor	Clinician Scholar	Clinician Educator	Clinical Excellence
Completion of educational requirements necessary for a career in academic research, teaching and/or clinical care.	R	R	R
Career goal to function independently in an academic environment as an investigator, teacher, and/or clinician	R	R	R
Develop skills required to apply for local, regional and national grants.	R	S	NA
Continue to develop and enhance teaching skills	R	R	R
Demonstrated plan for participation in the preparation of publications and presentations related to research through authorship.	R	R	S
Must maintain licensure and certification to practice in chosen specialty	R	R	R

Assistant Professor	Clinician Scholar	Clinician Educator	Clinical Excellence
Completion of educational requirements necessary to enter a career in academic research and teaching.	R	R	R
Involvement in independent laboratory and/or clinical research	R	R	NANANA
Continued development of skills needed to apply for local, regional and national grants	R	R	NA
Educational Activities			
Active in training of students and/or post-graduates	R	R	R
Involved in teaching activities, including formal lectures, grand rounds, and/or continuing medical education	R	R	R
Scholarly Publications/Materials			
Strong potential to publish in areas related to research, teaching and/or clinical care	R	R	S
First authorship on refereed publications	R	S	S
Contributions as author on refereed publications	R	R	S
Peer Recognition			
Establishing recognition through candidacy or membership in appropriate professional and scientific organizations	R	R	R
Acknowledged as a provider of excellent clinical care	R	R	R
Carry a combined clinical/teaching/administrative effort of at least 60% (Educator), 90% (Excellence)	-	R	R

Associate Professor	Clinician Scholar	Clinician Educator	Clinical Excellence
Service as an Assistant Professor for a minimum of 4 years	R	R	R
Continues to meet all the criteria for Assistant Professor with a record of achievement in research, teaching, and/or clinical service	R	R	R
Acknowledged as a provider of excellent clinical care	R	R	R
Principal investigator on significant research grants	S		
Co-investigator on research grants	R	S	
Local, regional or national grant support for development of teaching methods, health care delivery methods, or clinical care systems	S	S	S
Ensures clinical care is provided in an environment to encourage medical education and clinical research	R	R	R
Educational Activities			
Involved in teaching activities, including training of students and/or post-graduates, formal lectures, grand rounds, and/or continuing medical education	R	R	R
Serves as Course Director for one or more major professional courses	S	S	
Important contributor to course development ,course direction or educational mission of the department	S	R	S
Superior evaluations of teaching by students, residents, peers, course directors, dept. chairs (>4/5)	R	R	R
Nominated for or recipient of teaching and/or research awards	S	S	S
Scholarly Publications/Materials			
Publication of reviews, chapters, textbooks, peer reviewed papers, and/or innovative teaching materials (new curricula, educational programs, syllabi, video materials, computer programs, etc.) that influence the science and practice of medicine at the regional and national levels	R	R	S
Continued publication of original clinical and/or laboratory investigations as first, senior, significant, or corresponding author	R	S	NA
Total publications as first, senior, significant, or corresponding author since last promotion	≥ 7	NA	NA
Total publications with co-authorship since last promotion	≥15	≥10	NA
Development of new teaching materials, such as curricula, educational programs, textbooks, syllabi, computer programs and video tapes	S	R	S
Peer Recognition			
National peer recognition as demonstrated by service on NIH or equivalent grant review panels, participation on federal steering, guideline or advisory committees, selection for service in a national professional society, invitation for lectureships or scholarly reviews, invitation to Editorial Boards for journals, receipt of national scientific awards, external letters of evaluation and other measures of impact.	R	R	R
Established reputation inside and outside local institution as an authority or leader in a clinical specialty or primary care	S	R	R
Contributions to committees at department, college, university, community, state, regional, national and/or international levels	R National Level (min)	R National Level (min)	R National Level (min)
Active involvement in state, regional and/or national professional organizations	R	R	R
Leadership role in department and hospital as a section or division head, or program director	-	S	R
Election to scientific organizations in discipline	S	S	S
Activity			
Carry a combined clinical/teaching/administrative effort of at least 60% (Educator), 90% (Excellence)	-	R	R

Professor	Clinician Scholar	Clinician Educator	Clinical Excellence
Service as an Associate Professor for a minimum of 4 years	R	R	R
Meets all criteria for Associate Professor with major accomplishments in research, teaching, and/or clinical service	R	R	R
Principal investigator on significant research grants	S	NA	NA
Co-investigator on research grants.	R	S	NA
Educational Activities			
Involved in teaching activities, including formal lectures, grand rounds, and/or continuing medical education	R	R	R
Key individual in training of students and/or post-graduates.	R	R	R
Serves as Course Director for one or more courses, including CME activities	S	R	S
Scholarly Publications/Materials			
Continued publication of reviews, chapters, textbooks, peer reviewed papers, and/or innovative teaching materials (new curricula, educational programs, syllabi, video materials, computer programs, etc.) that influence the science and practice of medicine at the regional and national levels	R	R	S
Publication of important and original clinical and/or laboratory investigations as first, senior, significant or corresponding author since last promotion : since promotion to Associate Professor (line 1), and in total (line 2)	≥ 7 ≥ 15	-	NA
Publications with authorship: since promotion to Associate Professor (line 1), and in total (line 2)	≥ 15 ≥ 30	≥ 10 ≥ 20	NA
Peer Recognition			
Distinguished career exemplifying scholarship. Excellence & productivity in research, outstanding success as a teacher, and/or outstanding service contributions are required.	R	R	R
National leadership or international recognition, as evidenced by election to generalist or specialty societies, service on national/international committees, study sections, editorial boards, visiting professorships and/or invitations to speak in CME courses.	R	R	R
Leadership roles at department, hospital and/or college level	R	R	R
Activities			
Carry a combined clinical/teaching/administrative effort of at least 60%(educator) 90% (excellence)	NA	R	R

3. PROMOTION OF RESEARCH FACULTY

For 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. TO ASSOCIATE PROFESSOR

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

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

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

extramural funding. It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources.

Specific metrics in support of excellence in scholarship may be discipline-specific. Therefore, each Department will define in their formal Appointments, Promotion and Tenure document, an acceptable range of scholarly productivity, and must explicitly balance qualitative and quantitative accomplishments to guide promotion and tenure decisions. Examples of discipline specific considerations include publications in highly specialized journals that may have high impact in the field, but 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.

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. TO PROFESSOR

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

Scholarship: A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an Associate Professor is required for promotion to the rank of 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.

4. PROMOTION OF ASSOCIATED FACULTY

By definition, Associated Faculty members focus on a specific aspect of the College mission. Accordingly, their promotion is based on performance in a particular role. In general, they must demonstrate excellence and innovation in their focus area.

This applies to faculty members with the titles of: Assistant Professor of Clinical Pediatrics, Associate Professor of Clinical Pediatrics, Adjunct Assistant Professor, and Adjunct Associate Professor. This policy affects faculty members who are full or part-time employees of the Ohio State University Medical Center and NCH, and the community-based (non-salaried) faculty.

Associated faculty with the above titles will not be subject to the same promotion process as Clinical faculty or Tenure track faculty for the primary reason that Associated faculty have time-limited, one year appointments and renewal of these appointments is not guaranteed.

Associated faculty promotions will not be evaluated by the college's promotion and tenure committee or the Board of Trustees. Following departmental evaluation, the Dean will provide recommendation to the Provost. Approval by the provost will enable the promotion to be implemented.

a. TO ASSOCIATE PROFESSOR

Appointment or reappointment to the rank of Associate Professor is not based on duration of service. Rather, advancement is based on a sustained track record of distinctive contributions and emerging leadership in the categories of clinical care, teaching and mentoring, as described below. Objective measures of both the quality and quantity of contributions are important considerations.

Realistically, it is expected a faculty member will serve for 6-7 years as an Assistant Professor before accumulating the distinctive record of accomplishment required for promotion. All promotions require a review and vote by The Department of Pediatrics Promotion and Tenure Committee, an evaluation letter by the Department Chair, and evaluation letters from 3 peer faculty members at or above the advanced rank under consideration. Letters must quantitatively and objectively attest to the faculty

member's primary contribution in clinical care, teaching and mentoring. In addition, the Department will conduct five 360-degree reviews from individuals who have had the opportunity to work with the faculty member in the clinical setting. These reviews will not be from physician members of the team. The 360-degree reviews should attest to the candidate's clinical expertise and their ability to work as a collegial and collaborative interdisciplinary member of the clinical team.

Clinical Care: Faculty members must provide outstanding clinical care and be recognized by peers and patients as excellent practitioners providing efficient, compassionate and evidence-based, state-of-the-art care. Evidence of excellence includes but is not limited to development of evidence-based care guidelines and treatment protocols that are widely embraced by local peers and development of processes and procedures that improve the efficiency, cost-effectiveness and/or patient satisfaction associated with care. Written patient testimonials and hospital surveys are evidence of patient satisfaction. Subspecialists should have an established local and regional referral based in a defined, novel area that distinguishes their expertise. A record of accomplishment of participation in continuing medical education locally, regionally and nationally is required. There must be evidence of effective communication including exchange of appropriate patient care and clinical information when patients are admitted, referred, transferred or discharged.

Leadership of local or regional quality improvement initiatives related to department/division/system health outcomes, health services and clinical improvement is evidence of clinical care excellence. In addition, local, state and national advocacy efforts on behalf of child-health or advocacy issues are evidence of contributions outstanding clinical care.

Teaching and Mentoring: For faculty members whose focus includes teaching and mentoring, benchmarks for promotion include sustained excellence in reviews by students, residents and fellows supervised by the faculty member, teaching awards, introduction of students to new modes of practice or patient populations not previously available to learners, and participation or leadership in curriculum development. Students are defined broadly and include trainees, faculty, community physicians, staff and other medical professionals. Other examples of teaching includes a sustained record of participation in clinical rounds, lectures, seminars, small group learning collaborative, grand rounds, and related conferences. Such activities should be clearly documented and evaluation scores provided whenever possible.

Leadership and Administration: For faculty members whose principal focus is service to the University, benchmarks may include the faculty member's membership and participation on committees or other leadership groups. Leadership of subgroups within a committee, such as a writing group, or supervision of a task force is another example of such benchmarks. There must be a sustained commitment to leadership and administration rather than a single interaction with a College or Medical Center committee or leadership group.

Scholarship: Scholarly activity is not required for promotion to Associate Professor for Associated faculty, but publication of peer-reviewed national publications, book chapters, and authoritative reviews are supportive of an associated faculty member's contributions to the mission of the Department and College.

b. TO PROFESSOR

Promotion to Professor is not based on duration of service. Rather, advancement is based on a sustained track record of distinctive contributions, impact and leadership in the categories of clinical care and teaching and mentoring, as described below.

Objective measures of both the quality and quantity of contributions are important considerations. Administrative functions and evidence of scholarship are not required, but do favorably supplement consideration of appointment or reappointment to the rank of Professor.

Realistically, it is expected a faculty member will serve for 6-7 years as an Associate Professor before accumulating the distinctive record of accomplishment required of promotion. All promotions require a review and vote of the Promotion and Tenure Committee, an evaluation letter by the department chair, and evaluation letters from three peer faculty members at the rank of Professor. Letters must quantitatively and objectively attest to the faculty member's primary contribution in clinical care, teaching, and mentoring. In addition, the Department will conduct five 360-degree reviews from individuals who have had the opportunity to work with the faculty member in the clinical setting. These reviews will not be from physician members of the team. The 360 degree reviews should attest to the candidate's clinical expertise and their ability to work and lead as a collegial, collaborative interdisciplinary member of the clinical team.

Clinical Care: Faculty members must be recognized as a master clinician, a leader and an innovator. They must provide outstanding clinical care and be recognized by peers and patients as providing efficient, innovative, novel, compassionate and evidence-based, state-of-the-art care. Their work must be recognized internally and externally. Evidence of excellence includes but is not limited to development of evidence-based care guidelines and treatment protocols that are widely embraced by local, regional and national peers and development of processes and procedures that improve the efficiency, cost-effectiveness and/or patient satisfaction associated with care. Written patient testimonials and hospital surveys are evidence of patient satisfaction. Subspecialists should have an established regional referral base in a defined, novel area that distinguishes their expertise. A track record of participation in continuing medical education locally, regionally and nationally is required. There must be evidence of effective communication including exchange of appropriate patient care and clinical information when patients are admitted, referred, transferred or discharged.

Leadership of local, regional or national quality improvement initiatives related to department/division/system health outcomes, health services and clinical improvement is also evidence of clinical care excellence. In addition, local, state and national

advocacy efforts on behalf of child-health or advocacy issues are evidence of contributions outstanding clinical care.

Teaching and Mentoring: For faculty members whose focus includes teaching and mentoring, those individuals for consideration to Professor will not only have the accomplishments of an Associate Professor but will also attain broader recognition for contributions through curriculum development and recognition of excellence in education. This may come in the form of regional and national teaching awards, membership and leadership in national organizations and meetings dedicated to medical education, adoption of teaching innovations and curricula introduced by the faculty member to institutions outside the College of Medicine, and invitations to speak at outside institutions. Although publications are not an expectation, publications, web sites or social media outlets conveying the faculty member's innovations will serve as an indication for dissemination of innovation outside the College.

Scholarship: Scholarly activity is not required for promotion to Professor for associated faculty, but publication of peer-reviewed national publications, book chapters, and authoritative reviews are supportive of an associated faculty member's contributions to the mission of the Department and College.

Leadership and Administration: For faculty members whose principal focus is service, the faculty member promoted to Professor will progress to senior leadership roles in the College or Medical Center. This may consist of serving as chair of committees that contribute to the growth in excellence of the College or which have made fundamental and innovative changes in College procedures, practice or culture. There must be a record of sustained senior leadership rather than a single interaction with a College or Medical Center committee or leadership group.

B. PROMOTION AND TENURE, AND PROMOTION REVIEWS: PROCEDURES

The department's procedures for promotion and tenure and promotion reviews are fully consistent with those set forth in University Rule [3335-6-04](#) and with the Office of Academic Affairs annually updated procedural guidelines for promotion and tenure reviews found in [Volume 3](#) of the Policies and Procedures Handbook. The basic requirements for promotion and tenure reviews are outlined in the following paragraphs.

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 College 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.

The College of Medicine is comprised of a wide array of professional disciplines. Care must be taken to apply the department's 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 the current dossier preparation instrument (VITA) 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.

A candidate is responsible for submitting a copy of the department's APT Document that was in effect at the time of his or her hire or when the candidate was last promoted, whichever is more recent, if s/he wishes to be reviewed under that document's criteria and procedures. This must be submitted when the dossier is submitted to the department.

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. APPOINTMENTS, PROMOTION AND TENURE COMMITTEE RESPONSIBILITIES

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

- 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 (student and peer evaluations of teaching). 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](#) 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.
- Consistent with Office of Academic Affairs policy, only faculty members who are citizens or permanent residents of the United States may be considered for non-mandatory tenure review. The committee must confirm with the department chair that an untenured faculty member seeking non-mandatory tenure review is a U.S. citizen or permanent resident (has a "green card"). Faculty members not eligible for tenure due to lack of citizenship or permanent residency are moreover not considered for promotion by this department.
- 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.
 - Of note, all eligible faculty in the Department will be provided access to the promotion dossiers at their request. They will have the ability to forward comments to the APT Committee Chair for consideration. As mandated only

tenured Associate and Professors in the Tenure-Track will vote on appointments, promotion and tenure decisions for faculty on the Tenure-track.

3. DEPARTMENT CHAIR RESPONSIBILITIES

The responsibilities of the department chair are as follows:

- Where relevant, to verify the prospective candidate's residency status. Faculty are not eligible for tenure or tenure review if they do not have citizenship or permanent residency status.
- **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 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 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.
- 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 Associated faculty for whom the department chair recommends against promotion. A negative recommendation by the department chair is final in such cases.

- To write an evaluation and recommendation to the department chair of a tenure initiating unit recommending promotion for a joint appointee by the date requested.
- The Department Chair shall review the dossier and letters, and prepare a separate written assessment and recommendation for the Dean for inclusion in the application. The candidate will be notified in writing of the completion of the Department review and of the availability of these reports. The candidate may request a copy of these reports, and may provide the Department Chair with written comments on the Departmental review for inclusion in the dossier within ten calendar days of notification of the completion of the review. The Department Chair may provide written responses to the candidate's comments for inclusion in the in the application. The Faculty Affairs Coordinator for the Department of Pediatrics shall forward the application, candidate comments on the review and the Chair response to those comments, if any to the Dean of the College of Medicine.

4. EXTERNAL EVALUATIONS

External evaluations are obtained for all promotion and/or tenure reviews in which scholarship must be assessed. External evaluations are not required for promotion of Associated faculty. 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 scholarship (or other performance, if relevant) who is not a close personal friend, research collaborator, or former academic advisor or post-doctoral mentor of the candidate. Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. The 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.
- For Associated track faculty, one of the letters of evaluation may come from an OSU Department of Pediatrics faculty member who does not work with the Associated

faculty member nor in the same clinical division. This internal reviewer can provide an objective evaluation of the Associated faculty member's contribution to the teaching mission of the department.

Since the department cannot control who agrees to write and or the usefulness of the letters received, at least twice as many letters should be sought as are required, and they should be solicited no later than the end of the spring semester 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.

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 (such as 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.

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 will be collected on a standardized Departmental evaluation instrument from multiple sources including students, peers, self-evaluation and administrators. The evaluation instrument will be distributed by the Department to the evaluators at a frequency dependent on the instructional setting such as outpatient clinics, inpatient services, and the operating room. Effort will always be made to obtain evaluations from the largest number of students possible. Excellence is demonstrated by positive evaluations from students, residents, fellows, local colleagues and national peers dependent on the scope of their activities. 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 classroom course. 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.

The time period for material included in the dossier for probationary faculty is the date of hire to present. For tenured or nonprobationary faculty it is the date of last promotion or the last five years, whichever is less, to present. Typically documentation of teaching for the promotion dossier will include:

- 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 will be done systematically over time and conducted with the specific goal of offering constructive suggestions. A formal evaluation form will be completed and kept in the educational portfolio of the individual faculty member. Evaluations will be conducted by individuals at a rank and experience level to appropriately provide feedback. Peer evaluations will be conducted not only in the classroom setting but for activities in the outpatient as well as inpatient clinical settings.

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.

The time period for material included in the dossier for probationary faculty is the date of hire to present. For tenured or nonprobationary faculty it is the date of last promotion to present. 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. Departments are encouraged to develop innovative ways of defining and measuring scholarship unique to their specific discipline.

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. The Department's Appointments, Promotion and Tenure document must specifically establish how the evidence of a candidate's service will be documented and assessed in terms of quality and effectiveness.

The time period for material included in the dossier for probationary faculty is the date of hire to present. For tenured or nonprobationary faculty it is the date of last promotion to present. 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 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

Faculty Rule [3335-6-05](#) sets forth general criteria for appeals of negative promotion and tenure decisions. Appeals alleging improper evaluation are described in Faculty Rule [3335-5-05](#).

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 (11th year for faculty members with clinical responsibilities, 6th 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 the Department and the College, it will be consistent with this Appointments, Promotion and Tenure document, the 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. PEER EVALUATION OF TEACHING

The department chair oversees the department's peer evaluation of teaching process. The suggested process for ensuring that all faculty members annually receive peer evaluation is: annually the department chair appoints a Peer Review of Teaching Committee. The term of service is one year, with reappointment possible.

The responsibilities of the Peer Review of Teaching Committee are as follows:

- to review the teaching of probationary tenure track and probationary clinical faculty at least twice per year.
- to review the teaching of tenured associate professors, and non-probationary clinical faculty, at least once per year.
- to review the teaching of tenured professors and non-probationary clinical professors at least once every four years.
- To review, upon the department chair's request, the teaching of any faculty member not currently scheduled for review. Such reviews are normally triggered by low or declining student evaluations or other evidence of the need for providing assistance in improving teaching.

- To review the teaching of a faculty member not currently scheduled for review, upon that individual's request, to the extent that time permits.

Peer evaluation of teaching may occur in many different venues, as applicable to a faculty member's primary teaching responsibility. The College broadly considers teaching medical students, graduate students, residents and fellows. Faculty members may be evaluated bedside; giving lectures as part of the residency and fellowship programs; at CME courses, whether at Ohio State or elsewhere; lecturing in formal didactic courses, etc.

The peer reviewer should focus on such issues as the quality and effectiveness of the instructional materials and assessment tools and the appropriateness of the approach relative to current disciplinary knowledge. At the conclusion of the class visits, the reviewer meets with the candidate to give feedback and also submits a written report to the department chair, copied to the candidate. The candidate may provide written comments on this report and the reviewer may respond if he/she wishes. The reports are included in the candidate's promotion and tenure dossier.

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 other than tenure-track, clinical, and research faculty. These faculty fall into many sub-categories. (See also Clinical Associated Faculty, Adjunct Faculty, full-time Paid Associated)

Clinical Faculty – physicians who primarily engage in clinical teaching and practice.

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

Courtesy Appointment – a no salary Associated appointment for a faculty member from another academic department within the University. The title associated with the no salary appointment is always the same as that in the faculty member's TIU.

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

Eligible faculty – the faculty who are authorized to 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 – anyone holding a faculty position 50% FTE or greater in one of the three faculty tracks in the College of Medicine.

Faculty distinctions – the College of Medicine has four: Tenure Track, Clinical, Research and the Associated faculty (see also **Faculty**)

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 4th year, 8th 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 track or rank applied to another track or rank when a faculty member transfers tracks or is promoted. Prior service credit is not allowed for track 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 significant patient clinical service). It is also defined as the first contract for Clinical and 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.

Research Faculty–basic scientists who engage exclusively in research-based scholarship.

Tenure Track Faculty–basic scientists and physicians with a major focus of research-based scholarship.

SEI – Student Evaluation of Instruction

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

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. TENURE INITIATING UNITS IN THE COLLEGE OF MEDICINE

Appointments and promotion and tenure actions may only be originated by a faculty member's Tenure Initiating Unit (TIU). These are the academic departments in the College of Medicine. The School of Health and Rehabilitation Sciences is also a Tenure Initiating Unit. Divisions are not TIUs. Neither are Centers or Institutes, i.e. the Davis Heart & Lung Research Institute, the Comprehensive Cancer Center, or the Center for Microbial Interface Biology.

Below is the list of all of the Tenure Initiating Units in the College of Medicine with their Org numbers:

Anesthesiology (25110)
Biological Chemistry and Pharmacology
Biomedical Education and Anatomy
Biomedical Informatics (25100)
Cancer Biology and Genetics
Emergency Medicine (25120)
Family Medicine (25130)
Health and Rehabilitation Sciences, School of (25040)
Internal Medicine (25250)
Microbial Infection and Immunity (25170)
Neurology (25280)
Neurological Surgery (25290)
Neuroscience (25320)
Obstetrics & Gynecology (25350)
Ophthalmology and Visual Science (25400)
Orthopedics (25430)
Otolaryngology (25450)
Pathology (25500)
Pediatrics (25550)
Physical Medicine and Rehabilitation
Physiology and Cell Biology (25750)
Plastic Surgery (25940)
Psychiatry and Behavioral Health (25850)
Radiation Oncology (25890)
Radiology (25900)
Surgery (25950)
Urology (25970)

C. AAUP STATEMENT ON PROFESSIONAL ETHICS

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.

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

Revised January 27, 2013.