

publications, the majority since being appointed as an assistant professor at OSU with mean impact factor of 1.1 (work at previous institutions will be considered).	investigator on at least one clinical trial or other nationally funded grant unless ≥ 25 peer publications and national reputation emerging	Positive lecture evaluations from national audience	Committee work in professional organization
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D. Professor, Clinician Scholar Pathway

The awarding of promotion to the rank of Professor in the Clinician-Scholar pathway must be based upon clear and convincing evidence that that the candidate is developing a national level of recognition as a clinician scientist since being appointed to the rank of Associate Professor (see Table 7).

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

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

Service: Promotion to the rank of Professor requires service with distinction to the College of Medicine, OSU, or in a national context. The faculty member should have made new and impactful service contributions as an Associate Professor. Candidates should be party to programs that received national recognition and participated in leadership positions of learned academic education professional societies.

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

For the Department of Anesthesiology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to professor on the Clinician Scholar Pathway in the areas of teaching, research and service:

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

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

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.

3. Participation in the development of new educational programs for teaching students or residents.
4. Participation in faculty mentoring or T-32 grants.
5. Participation in teaching for national or international professional organizations and excellent lecture evaluations from national audiences
6. Participation in the development of educational and clinical materials for national and international professional organizations.

(To reach the professor level the faculty member is expected to have at least three of these accomplishments, including #1 or #2, and # 3 or #4, and #5 or #6.)

Teaching (Ph.D.)

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

1. Evidence of regular participation in the educational processes within the division, department or college including mentoring of students and faculty or T-32 grants
 - a) course work: organization and oversight of approved academic courses lectures provided for approved academic courses
 - b) documented training of individuals or groups in research skills or techniques
 - technicians and laboratory assistants
 - graduate students
 - postdoctoral fellows
 - medical research fellows
 - professional colleagues
2. Evidence of teaching excellence
 - a) consistently high level evaluations of teaching performance by students and peers.
 - b) divisional, departmental or collegiate teaching awards
3. Participation of teaching for national or international organizations.
4. Evidence of involvement with faculty or trainee mentoring ideally through involvement with T-32 grants or similar funded mechanisms.

(To reach the professor level the faculty member is expected to achieve accomplishment in 3 of 4 areas including #1 and #2.)

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

1. Publications in peer-reviewed journals. As a general guideline the candidate should have a minimum of 30 peer reviewed publications, scholarly review articles, and/or web based or video teaching modules. Of these, 12 being since promoted or appointed to associate professor at OSU. The mean impact factor of the publications should be at least 1.1.
2. Participation as an investigator or co-investigator in multiple clinical trials or nationally funded grant at least one of which is as a principal investigator; or patents; or national reputation for innovation unless ≥ 50 publications and evidence of an established national or international reputation
3. Presentations of scholarly work national or international meetings.
4. Invited lectureships and visiting professorships
5. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.)

(To reach the professor level, the faculty member is expected to achieve three of these accomplishments including #1 and #2.)

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

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Evidence of a high-level of clinical competence as evidenced by outstanding clinical outcomes, patient evaluations and national peer recognition in Castle-Connolly or Best Doctors etc.
4. Director of a clinical service
5. Chairperson of divisional, Departmental, College, Health Sciences, Health System and/or University committee functions.
6. Committee Chair for national or international organizations.
7. Elected office in national or international professional organizations.
8. Other meritorious community service activities
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Maintenance of appropriate licensure and medical staff appointment(s).

(To reach the professor level, the faculty member is expected to achieve accomplishments #1 , #2 (if applicable) #3, #4,or#5 and #6 or #7 and #9 and #10 at a minimum)

Service (Ph.D.)

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

1. Direction/operation of a service laboratory for division, department, hospital, college, university or professional organization.
2. Chairperson of divisional, departmental, college or university committee functions.
3. Chairperson of committees functions for national or international organizations.
4. Elected office in national or international professional organizations.
5. Other meritorious community service activities.
6. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

(To reach the professor level the faculty member is expected to achieve accomplishments 3 areas including #1 or #2, #3, or #4 and #6, at a minimum.)

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

Peer-review publications	Grants and Patents	Teaching	Service
As a general guideline, a minimum of 30 peer-reviewed publications, including scholarly review articles and editorials, ideally from	Investigator status on multiple clinical trials or other national grants one of which is at least a site investigator or	Excellent Evaluations; Evidence of national reputation; /Co-investigator on	University committees; Leadership role in national professional organization or

<p>the Anesthesiology Specialty Journal Rank list, with mean impact factor average of 1.1 ; at least 12 peer reviewed publications since being promoted to associate professor (work at previous institutions will be considered).</p>	<p>patents application; or national reputation for clinical innovation unless \geq 50 peer publications and national reputation are evident</p>	<p>national grants.</p>	<p>Director of a Clinical Service. Evidence of high level of clinical competence.</p>
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E. Clinical Excellence Pathway

Promotion on Clinical Excellence Pathway

In the circumstance where individuals are assigned major responsibilities (90% time or greater) for clinical care and clinical administrative activities, faculty members may seek promotion for excellence in activities categorized as “scholarship of practice” (or “scholarship of application”). The clinical time commitment of these individuals may not allow the achievement of personal national recognition for their accomplishments; however, their unique contributions serve to enhance the national recognition of the Medical Center 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.

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.). At a minimum they should demonstrate:

- a) Multiple lines of evidence supporting excellence in clinical performance, including clinical measures such as quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
- b) Establishment of quality improvements or systems-based changes that result in enhancement of the care provided to OSU Medical Center patients.
- c) A sustained track record of exemplary clinical leadership and unique program development within the institution.
- d) 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.
- e) Demonstration of collaboration with researchers and educators in the department and beyond.

F. Associate Professor

Each Department may establish criteria for excellence in the scholarship of practice worthy of promotion to Associate Professor for these individuals with significant clinical responsibility. Patient care and the scholarship of practice are the overwhelming areas of emphasis for these individuals. The awarding of promotion to the rank of Associate Professor on the Clinical Excellence Pathway for individuals with significant clinical responsibilities (but without national recognition) must be based upon clear and convincing evidence that the candidate has demonstrated a level of excellence and a

record of impact beyond the usual faculty member's scope or sphere of influence. Promotion will not be granted purely on the basis of length of service to the institution or satisfactory job performance.

One of the most important measures of excellence in the scholarship of practice 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. Other examples of evidence that may be used to document excellence in the scholarship of practice include:

The Department of Anesthesiology may wish to authorize promotion to Associate Professor for individuals with heavy (90% or greater) clinical responsibility without national recognition. The metrics for such a promotion will vary according to position, subspecialty, and workload. The departmental promotion committee with consent from the chair will determine such promotions on a case-by-case basis. Although this pathway is available to all department members, most faculty members will be encouraged to enter the scholar and educator pathways. This pathway will be restricted to those who have contributed greatly to the department and its mission, but have not achieved the scholarly status of the other appointment types. A faculty member who appears to qualify for this special circumstance should have supportive annual evaluations (and a more detailed review for reappointment in the penultimate year of contract).

For the Department of Anesthesiology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to associate professor on the Clinical Excellence Pathway in the areas of teaching, research and service:

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

Evidence of persistent commitment and engagement in to teaching

1. Evidence of involvement in teaching of students and residents,
2. Evidence of development of educational materials for patients

(To reach the associate professor level the faculty member is expected to have at least one of these accomplishments,

Teaching (Ph.D.)

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

1. Evidence of involvement in teaching of students and residents,
2. Evidence of development of educational materials for patients

(To reach the associate professor level the faculty member is expected to achieve accomplishment one of these areas)

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

1. Evidence of participation in clinical research including but not limited to enrollment of patients in clinical trials available in the medical center or national studies, publication of practice guidelines or publication of clinical innovation.
2. Evidence of establishing a data base on patients for the purpose of monitoring quality and outcomes in the physician's area of practice.

(To reach the associate professor level, the faculty member is expected to achieve one of these accomplishments.)

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

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Evidence of a high-level of clinical, competence and a 95% compliance with specialty specific process measures such as appropriate perioperative antibiotics, thromboembolic prophylaxis etc.
5. Evidence of a high level of patient service as demonstrated by patient satisfaction scores at or above the 90th percentile.
6. Clinical productivity as measured by work RVUs according to benchmarks at the 75th percentile or above with full recovery of salary, retirement and benefits from clinical service, except in the event of significant administrative duties that limit clinical opportunities, and/or assignment to clinical sites in which RVU production is more limited, such as acute pain management or pre-operative assessment clinic.
7. Active, substantial participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds
8. Other meritorious community service activities
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Evidence of clinical excellence:
 - a) Patients from outside our primary service area regularly are referred specifically to, or seek care from the faculty member
 - b) Evidence that a faculty member is regularly consulted by physicians from outside our primary service area
 - c) Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member
 - d) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.
 - e) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
 - f) Evidence that the faculty member regularly participates as an instructor in regional or national courses or seminars.
 - g) Selection for Best Doctors lists.

(To reach the associate professor level, the faculty member is expected to achieve accomplishments in eight areas including #1, #2 (if applicable), #3, #4, #5, #6,#7, #9 and 3of 7 subpoints in #10)

Service (Ph.D.)

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

1. Completion of specialty Board certification.

2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Full salary and benefit recovery from clinical service
5. Evidence of a high-level of clinical competence as demonstrated by patient outcomes and /or patient service as demonstrated by patient satisfaction scores at or above the 90th percentile.
6. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds
7. Other meritorious community service activities
8. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

(To reach the associate professor level, the faculty member is expected to achieve accomplishments in seven areas including #1, #2, #3, #4, #5, #6, and #8.)

G. Professor

The awarding of promotion to the rank of Professor in the Clinical Excellence Pathway must be based upon clear and convincing evidence that that the candidate's work has developed a national impact and consistent recognition for clinical excellence and innovation since being appointed to the rank of Associate Professor. For promotion to Professor the candidate should have a high level of national reputation including referrals for clinical service, or involvement in national programs or specialty associations. Metrics should include consistent rankings among the Nation's elite in the Castle and Connelly or U.S. News Physicians Survey or similar (Best Doctors, Inc.) or clear evidence that they are of great professional note throughout the State of Ohio or national awards for clinical excellence and innovation are clear indicators of achievement.

For the Department of Anesthesiology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to professor on the Clinical Excellence Pathway in the areas of teaching, research and service:

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

Evidence of persistent commitment and engagement in to teaching

1. Evidence of involvement in teaching of students and residents,
2. Evidence of development of educational materials for patients

(To reach the associate professor level the faculty member is expected to have at least one of these accomplishments,

Teaching (Ph.D.)

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

1. Evidence of involvement in teaching of students and residents and high levels of evaluations,
2. Evidence of development of educational materials for patients

(To reach the associate professor level the faculty member is expected to achieve accomplishment one of these areas)

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

1. Evidence of participation in clinical research including but not limited to enrollment of patients in clinical trials available in the medical center or national studies publication of national practice guidelines or publication of clinical innovation.
2. Evidence of establishing a data base on patients for the purpose of monitoring quality and outcomes in the physician's area of practice.

(To reach the associate professor level, the faculty member is expected to achieve one of these accomplishments.)

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

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Evidence of a high-level of clinical competence and, 95% compliance with specialty specific process measures such as appropriate perioperative antibiotics, thromboembolism prophylaxis etc. since promoted to associate professor
5. Evidence of a high level of patient service as demonstrated by patient satisfaction scores at or above the 90th percentile since promoted to associate professor where and if appropriate, and whether and if such demonstration can be documented for an anesthesiologist.
6. Clinical productivity as measured by work RVUs according to benchmarks at the 75th percentile or above since promoted to associate professor with full recovery of salary, retirement and benefits from clinical work.
7. Recognition in the Castle and Connelly or U.S. News Physicians Survey or similar (Best Doctors, Inc.) etc. or clearly evident throughout the State of Ohio or national awards for clinical excellence and innovation are clear indicators of achievement. see #11)
8. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds
9. Other meritorious community service activities
10. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
11. Evidence of national reputation of clinical excellence:
 - a) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.
 - e) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
 - f) Evidence that the faculty member regularly participates as an instructor in regional or national courses or seminars.
 - g) Selection for Best Doctors lists.

(To reach the professor level, the faculty member is expected to achieve accomplishments in nine areas including #1, #2 (if applicable), #3, #4, #5, #6, #7, #8, #10 and 5 of 7 subpoints in #11.)

5. Research Faculty

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

A. Associate 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.

Promotion: Associate Professor

The following will constitute accomplishments of individuals worthy of promotion to **associate professor**.

Teaching

No requirements.

Research and Scholarship

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

1. Peer reviewed publications in prestigious journals, the majority of which are first-authored or senior authored. As a guideline the successful candidate should have 25-50 publications with 25-35 occurring since the OSU appointment with a mean impact factor of 2-6.
2. Presentation of scholarly work at local, regional, national or international forums.
3. Evidence of external funding as a principal investigator on one R-01 equivalents with other grants or patent generating licensing income to the Department. Ideal candidate will have evidence of 50% salary recovery.
4. Development of an area of research or scholarship with growing national recognition.
5. Participation on national research review panels such as NIH study sections.
6. Service on editorial board of journal(s).
7. Publications of book(s).
8. Publication of chapter(s) in books.

(To reach the associate professor level the candidate should have evidence of accomplishments in #1-#5.

Service

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

1. Direction/operation of a service laboratory for division, department, hospital, college, university or professional organization.
2. Active participation in divisional, departmental, college or university committee functions.
3. Active participation in committee functions for local, regional or national organizations.
4. Other meritorious community service activities.
5. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

(To reach the associate professor level the faculty member is expected to achieve accomplishments #2, #3 and #6, at a minimum.)

B. Professor

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

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

Promotion: Professor

The following will constitute characteristics of individuals worthy of promotion to **research professor**.

Teaching

No requirements.

Research and Scholarship

1. Peer reviewed publications in prestigious journals, the majority of that are first-authored or senior authored. As a guideline the successful candidate should have 50-70 papers, of which 25-35 occurred since appointment as associate professor. The mean impact factor of 3 to 6.
2. Presentation of scholarly work at local, regional, national or international forums.
3. Evidence of external funding as a principal investigator on 2 R-01 equivalents and other grants or two or more patents yielding licensing income with full salary recovery. The candidate will have 65% salary recovery.
4. Development of an area of research or scholarship with growing national recognition.
5. Participation on national research review panels such as NIH study sections.
6. Service on editorial board of journal(s).
7. Publications of book(s).
8. Publication of chapter(s) in books.

(To reach the professor level the candidate should have evidence of accomplishments in #1 - #6.)

Service

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

1. Direction/operation of a service laboratory for division, department, hospital, college, university or professional organization.
2. Chairman or divisional, departmental, college or university committee functions.
3. Leadership role in committee functions for local, regional or national organizations.
4. Elected office in national or international professional organizations.
5. Prominent role in meritorious community service activities.
6. Leadership role in the department.
7. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

(To reach the professor level, the faculty member is expected to achieve at a minimum #2, #3, #6, and #7.)

6. Associated Faculty

By definition, Associated Faculty members focus on a specific aspect of the Department and 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.

Promotion: Associate Professor on the Associated Faculty

Teaching and Mentoring: For faculty members whose principal focus is teaching and mentoring, benchmarks for promotion 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 or the Department 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 of Associated faculty, publications or other forms of dissemination of scholarship are valued and contribute to advancement in rank.

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. Significant contributions through membership on committees contributing to the growth in excellence of the College or which have made fundamental and innovative changes in College procedures, practice or culture constitute significant benchmarks. There must be a sustained commitment to leadership and administration rather than a single interaction with a College committee or leadership group.

Patient Care: For faculty members whose principal focus is patient care, excellence in patient care is demonstrated by recognition such as regional and national Best Doctors listings or other recognition of excellence in patient care. Innovative approaches to patient care or introduction of new patient

populations to those currently served by the faculty of the Department constitute a further benchmark. A fundamental metric is whether the faculty member has changed the practice in his or her field through the innovations referred to above.

Promotion: Professor

Promotion 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 promoted 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 promoted 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 Department or 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 advancing to the rank of Professor will progress to senior leadership roles in the Department or College. This may consist of serving as chair of committees that contribute to the growth in excellence of the Department or College, or which have made fundamental and innovative changes in procedures, practice or culture. There must be a record of sustained senior leadership rather than a single interaction with a committee or leadership group.

Patient Care: For faculty members whose principal focus is patient care, excellence in patient care extending outside the institution is expected as demonstrated by national Best Doctors listings or other recognition of excellence in patient care. Evidence of wide referral of patients may serve as an indicator of recognized patient care excellence and expertise where appropriate. Other benchmarks include innovative approaches to patient care or introduction of new patient populations that are adopted or have influence outside the Department or the College of Medicine. Invitations to speak at outside institutions or consult with national organizations regarding the faculty member's patient care expertise are further indicators of recognized expertise for this rank. In contrast to Associate Professor, a fundamental metric is whether the faculty member has changed the practice in his or her field such that it has impact outside the College of Medicine.

B. Procedures

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

1. Candidate Responsibilities

Candidates are responsible for submitting a complete, accurate dossier fully consistent with Office of Academic Affairs guidelines. All dossiers within the Department of Anesthesiology must be done using Research in View. Candidates should not sign the Office of Academic Affairs Candidate Checklist without ascertaining that they have fully met the requirements set forth in the Office of Academic Affairs core dossier outline including, but not limited to, those highlighted on the checklist.

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

2. Promotion and Tenure Committee Responsibilities

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

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually, in the spring, 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 two-thirds 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 faculty member who requests and is denied a promotion review in one year must be granted the review upon his or her next request.

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 a non-tenured 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 quarter, 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.

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.

Draft an analysis of the candidate's performance in teaching, research and service to provide to the full eligible faculty with the dossier; and seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.

Revise the draft analysis of each case following the faculty meeting, to include the faculty vote and a summary of the faculty perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the department chair.

Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier.

Provide a written evaluation and recommendation to the department chair in the case of joint appointees whose tenure-initiating unit is another department. The full eligible faculty does not vote on these cases since the department's recommendation must be provided to the other tenure initiating unit substantially earlier than the Committee begins meeting on this department's cases.

3. Eligible Faculty Responsibilities

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

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

4. Department Chair Responsibilities

The responsibilities of the department chair are as follows:

- Where relevant, to verify the prospective candidate's residency status. Faculty members who are neither citizens nor permanent residents of the United States may not undergo a non-mandatory review for tenure, and tenure will not be awarded as the result of a mandatory review until permanent residency status is established. Faculty members not eligible for tenure due to lack of citizenship or permanent residency are moreover not considered for promotion by this department.
- **Late Spring:** 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 make adequate copies of each candidate's dossier available in an accessible place (option: a secure on-line site) for review by the eligible faculty at least one week before the meeting at which specific cases are to be discussed and voted.

- To remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.
- To attend the meetings of the eligible faculty at which promotion and tenure matters are discussed and respond to questions raised during the meeting.
- **Autumn:** To provide an independent written evaluation and recommendation for each candidate, following receipt of the eligible faculty's completed evaluation and recommendation.
- To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the department review process:
 - of the recommendations by the eligible faculty and department chair
 - of the availability for review of the written evaluations by the eligible faculty and department chair
 - Of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the department chair, for inclusion in the dossier. The letter is accompanied by a form that the candidate returns to the department chair, indicating whether or not he or she expects to submit comments.

To provide a written response to any candidate comments that warrants response for inclusion in the dossier.

To forward the completed dossier to the college office by that office's deadline, except in the case of associated faculty for whom the department chair recommends against promotion. A negative recommendation by the department chair is final in such cases.

To receive the Promotion and Tenure Committee's written evaluation and recommendation of candidates who are joint appointees from other tenure initiating units, and to forward this material, along with the department chair's independent written evaluation and recommendation, to the department chair of the other tenure initiating unit by the date requested.

5. External Evaluations

External evaluations of research and scholarly activity are required for all promotion reviews in the College of Medicine

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

- Is written by a person highly qualified to judge the candidate's research (or other performance, if relevant) who is not a close personal friend, research collaborator, or former academic advisor or postdoctoral or residency mentor of the candidate. Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. This department will only solicit evaluations from full professors at institutions comparable to Ohio State.
- Provides sufficient analysis of the candidate's performance to add information to the review. A letter's usefulness is defined as the extent to which the letter is analytical as opposed to perfunctory. Under no circumstances will "usefulness" be defined by the perspective taken by an evaluator on the merits of the case.

Since the department cannot control who agrees to write and or the usefulness of the letters received, at least twice as many letters are sought as are required, and they are solicited before the end of the

academic year prior to the review year. This timing allows additional letters to be requested should fewer than five useful letters result from the first round of requests.

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, www.trustees.osu.edu/ChapIndex/index.php requires that no more than half the external evaluation letters in the dossier be written by persons suggested by the candidate. In the event that the person(s) suggested by the candidate do not agree to write, neither the Office of Academic Affairs nor this department requires that the dossier contain letters from evaluators suggested by the candidate.

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

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

All solicited external evaluation letters that are received must be included in the dossier. If concerns arise about any of the letters received, these concerns may be addressed in the department's written evaluations or brought to the attention of the Office of Academic Affairs for advice.

C. Documentation

As noted above under Candidate Responsibilities, every candidate must submit a complete and accurate dossier that follows the Office of Academic Affairs dossier outline, utilizing *Research in View* to generate the dossier. While the Promotion and Tenure Committee makes reasonable efforts to check the dossier for accuracy and completeness, the candidate bears full responsibility for all parts of the dossier that are to be completed by the candidate.

The complete dossier, including the documentation of teaching noted below, is forwarded when the review moves beyond the department. The documentation of research and service noted below is for use during the department review only, unless reviewers at the college and university levels specifically request it.

- Any published materials presented for consideration should be in the form of reprints, photocopies of journal articles, or other final form that documents actual publication. An author's manuscript does not document publication.
- Under no circumstances should faculty solicit evaluations from any party for purposes of the review.

1. Teaching

For the time period since the last promotion or the last five years, whichever is less:

- Cumulative SEI reports (Student Evaluation of Instruction computer-generated summaries prepared by the Office of the University Registrar) for formal University classes

- Cumulative evaluations of clinical teaching (lectures, conferences, grand rounds, patient care encounters, etc.) utilizing appropriate on-line evaluation tools, where available
- Peer evaluation of teaching reports as required by the department's peer evaluation of teaching program
- Copies of pedagogical papers, books or other materials published, or accepted for publication. Material accepted for publication, but not yet published, must be accompanied by a letter from the publisher stating that the work has been unequivocally accepted and is in final form with no further revisions needed.
- Other relevant documentation of teaching as appropriate

2. Research

For the time period since the last promotion:

- If requested by the Department Committee, copies of all scholarly papers published or accepted for publication. Papers accepted for publication, but not yet published, must be accompanied by a letter from the publisher stating that the papers have been unequivocally accepted and are in final form, with no further revisions needed.
- Documentation of grants and contracts received
- Other relevant documentation of research as appropriate (published reviews including publications where one's work is favorably cited, grants and contract proposals that have been submitted)

3. Service

For the time period since the last promotion:

- Any available documentation of the quality of service that enhances the list of service activities in the dossier

VIII. Appeals

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

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

IX. Seventh-Year Reviews

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 this Department and the College, it will be made consistent with this 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. Procedures for Student and Peer Evaluation of Teaching

A. Student Evaluation of Teaching

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

B. Peer Evaluation of Teaching

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

Appendix 1: Department of Anesthesiology Journal Rank List

1	Pain	5.777
2	Anesthesiology	5.359
3	Brit J Anaesth	4.243
4	Region Anesth Pain M	4.079
5	Eur J Pain	3.939
6	Anesth Analg	3.286
7	Anaesthesia	2.958
8	Clin J Pain	2.813
9	Minerva Anesthesiol	2.656
10	Can J Anesth	2.346
11	J Neurosug Anesth	2.233

12	Eur J Anaesth	2.231
13	Curr Opin Anesthesio	2.213
14	Pain Pract	2.207
15	Acta Anaesth Scand	2.188
16	Pediatr Anes	2.100
17	J Cardiothor Vasc An	1.64
18	Int J Obstet Anesth	1.395
19	Anaesth Intens Care	1.279
20	J Clin Anesth	1.213
21	Anaesthetist	0.987
22	J Clin Monit Comput	0.887
23	Schmerz	0.878
24	Anasth Intensivmed	0.862
25	Ann Fr Anesth	0.862
26	J Anesth	0.831
27	Anasth Inensiv Notf	0.413
28	Douleur Analg	0.047

Impact Factor Mean = 2.22
Impact Factor Median = 2.19

Publication Requirements for Promotion and Tenure

	Rank	Mean Impact Factor Floor	Impact Factor (Department List)	Number of publications
Tenure	Associate Professor 0 c FTE		2.6	25-50
	Associate Professor <.5cFTE	@75%tile	2.9	25-50
	Associate Professor >.5cFTE	@75 th %tile	2.9	15-25
	Associate Professor without tenure 0 c FTE		2.6	15-25
	Associate Professor without Tenure <.5cFTE	@75 th %tile	2.9	15-25

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	Associate Professor Without Tenure>.5cFTE	@50 th %tile	1.3	15-20
	Professor 0 c FTE		3-6	50-70
	Professor<.5cFTE		2.9	50-70
	Professor>.5cFTE		2.9	≥ 40
Clinical Educator	Associate Professor		1.0	10-15
	Professor		1.0	≥ 30
Clinical Scholar	Associate Professor		1.1	12-15
	Professor		1.1	≥ 30
Clinical Excellence	SEE DOCUMENT			
Research	SEE DOCUMENT			

Appendix 4: Statement on Professional Ethics

- a. Faculty, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. This primary responsibility to their subject is to seek and to state the truth as they see it. To this end they devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise self-discipline and judgment in using, extending, and transmitting knowledge. Faculty members should practice intellectual honesty. Although they may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
- b. 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 advisors. 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 the academic freedom of their students.
- c. As colleagues, faculty have obligations that derive from common membership in the community of scholars. Faculty do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates. In the exchange of criticism and ideas, professors show due respect for the opinions of others. 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.
- d. 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 institutions 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 institution, and give due notice of their intentions.
- e. 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.

Appendix 5: Department of Anesthesiology Service Requirements for Promotion and Tenure

	Rank	Board Certification	MOC and MOL	High-level Clinical competence	Committee work OSU	Committee work national	Elected to Office or NIH Study Section	AAUP Ethics	OTHER
Tenure	Associate Professor 0 cFTE	YES if MD/DO	NO	NO	YES	YES	OPTIONAL	YES	
	Associate Professor <.5cFTE	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Associate Professor >.5cFTE	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Associate Professor without Tenure <.5cFTE	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Associate Professor Without Tenure>.5cFTE	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Professor 0cFTE	YES(if MD/DO)	NO	NO	YES(CHAIR)	YES(CHAIR or officer or NIH Study Section)	IDEAL, but not required		
	Professor<.5cFTE	YES	YES	YES	YES(CHAIR)	YES (CHAIR or officer or NIH Study section)	IDEAL, but not required	YES	
	Professor>.5cFTE	YES	YES	YES	YES(CHAIR)	YES(CHAIR or OFFICER of NIH Study section)	IDEAL, but not required	YES	National Clinical Recognition or Best Doctors etc.
Clinical Educator	Associate Professor	YES	YES	YES	YES	YES	OPTIONAL	YES	Co-Director Education Program
	Professor	YES	YES	YES	YES(CHAIR)	YES(CHAIR or officer)	IDEAL	YES	Director Education Program
Clinical Scholar	Associate Professor	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Professor	YES	YES	YES	YES(CHAIR)	YES(CHAIR or officer)	IDEAL	YES	Director Clinical Program, Best Doctors etc.
Clinical Excellence	Associate Professor	YES	YES	YES	<u>OPTIONAL</u>	<u>NO</u>	<u>NO</u>	YES	Qualitative excellence in clinical care*
	Professor	YES	YES	YES	<u>OPTIONAL</u>	<u>NO</u>	<u>NO</u>	<u>YES</u>	Qualitative excellence in clinical care*
Research	Associate Professor	NO	NO	NO	YES	YES	OPTIONAL	YES	Direct lab or other service is ideal
	Professor	NO	NO	NO	YES(CHAIR)	YES(CHAIR)	YES	YES	Leadership role in Department: lab service same as associate

*Outside referrals and consults, other MDs/DOs seek to train with faculty, new program or enhancements of existing programs, developed clinical innovations, participates in national education, continuous selection to Best Doctors, top decile patient satisfaction and quality indicators

Appendix 6: Department of Anesthesiology Research Requirements for Promotion and Tenure

	Rank	PI R-01(or equivalent funding)	CO-PI R-01 or Program Project	Additional Extramural Grant (all sources)	Other
Tenure	Associate Professor 0 c FTE	YES(1 Grant)	OPTIONAL	YES	Ideal 70% salary recovery to max of NIH cap with minimum of 50%
	Associate Professor <.5cFTE	YES (1 Grant)	OPTIONAL	YES	Ideal 50% salary recovery to max of NIH cap with minimum of 25%
	Associate Professor >.5cFTE	NO	YES or OTHER	OPTIONAL	PI or CO-PI on Clinical Trial
	Associate Professor without tenure 0 c FTE	Unfunded R-01(10 th -25 th % tile) with R-21,or R03,or Co-I on R-01			Ideal 50% salary recovery of NIH cap with minimum of 25%
	Associate Professor without Tenure <.5cFTE	Unfunded R-01(10 th -25 th %tile)	YES or OTHER	NO	PI on R-21, Industry Grant or patent income and ideally 25% salary recovery to max of NIH cap with a minimum of 10%
	Associate Professor Without Tenure>.5cFTE	NO	NO	NO	Co-I any grant, unless ≥ 25 publications and national reputation; No minimum salary recovery
	Professor 0 c FTE	YES (Sustained))	YES(or U-54,P01)	YES	70% salary recovery to max of NIH cap patents with licensing revenue to cover salary, development funds> \$500,000,Ideal
	Professor<.5cFTE	YES(Sustained)	YES (or U-54, P-01)	OPTIONAL	PI on Industry Grant equivalent or R-01, 2 patents with licensing revenue to cover salary, development funds> \$500,000,Ideal 70% salary recovery to max of NIH cap
	Professor>.5cFTE	NO	NO	OPTIONAL	Co-I on R-01 or P-01, or PI on clinical trials
Clinical Educator	Associate Professor	NO	NO	NO	Lead or Co-lead national education study or new OSU education program or ≥ 25 publications with national reputation
	Professor	NO	NO	NO	Local Lead or Co-lead national education study or multi-institution

					or ≥40 publications with reputation
Clinical Scholar	Associate Professor	NO	NO	NO	PI or Co-I national clinical trial unless ≥ 25 publications and reputation
	Professor	NO	NO	NO	Co-I multiple national trials or patent(s) with department revenue unless national reputation with ≥ 50 publications
Clinical Excellence	Associate Professor	NO	NO	NO	NO
	Professor	NO	NO	NO	NO
Research	Associate Professor (and reappointment)	YES(1 R-01 equivalents) and other grants or patent with licensing income to department	OPTIONAL	OPTIONAL	50% salary recovery from all sources to NIH cap
	Professor (and reappointment)	Yes (2 R-01 equivalents with full salary recovery , other grants or ≥2 patents with licensing income to Department	OPTIONAL	OPTIONAL	70% salary recover form all sources to max of NIH cap