

**DEPARTMENT OF FAMILY MEDICINE  
APPOINTMENTS, PROMOTION AND TENURE DOCUMENT**

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**I. PREAMBLE**

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This document is the Department of Family Medicine’s supplement to Chapters 6 and 7 of the *Rules of the University Faculty* (<http://trustees.osu.edu/university/facultyrules>), the Office of Academic Affairs procedural guidelines for promotion and tenure reviews (<http://oaa.osu.edu/handbook.html>), and any additional policies established by The Ohio State University (OSU). Should the University’s rules and policies change, the College of Medicine will follow the new rules and policies until its document is appropriately updated. In addition, this document must be reviewed, and either reaffirmed or revised, at least every four years on the appointment or reappointment of the department chair.

This document must be approved by the dean of the college and the Office of Academic Affairs before it may be implemented. It sets forth the department's mission and, in the context of that mission and the missions of the college and university, its criteria and procedures for faculty appointments and for faculty promotion, tenure and rewards, including salary increases. In approving this document, the dean and the Office of Academic Affairs accept the mission and criteria of the department and delegate to it the responsibility to apply high standards in evaluating current faculty and faculty candidates in relation to departmental mission and criteria.

The faculty and the administration are bound by the principles articulated in Faculty Rule 3335-6-01 (<http://trustees.osu.edu>) 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 (<http://trustees.osu.edu>) 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.

Decisions considering appointment, reappointment, and promotion and tenure will be free of discrimination in accordance with the university’s policy on equal opportunity (<http://hr.osu.edu/policy/policy110.pdf>).

This document is the Department’s Appointments, Promotion, and Tenure document. The document describes, 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. The document indicates 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 also describes the Department’s procedures for conducting annual faculty performance

reviews and reviews for promotion and tenure. The document has been 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 will be approved by the Dean of the College and the Executive Vice President and Provost.

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 in the department will be evaluated for their contributions to the multi-partite mission of a Department, the College of Medicine, the University, and the broader mission to optimize the quality of people's lives by advancing family medicine principles through service, education, research and scholarship, personalized health care and community engagement. 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 or College of Medicine.

The Department of Family Medicine 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, tenure track and Clinical appointments may have different patterns of scholarly activity that reflect a range of faculty interests, skills, and accomplishments. These different patterns of performance may result in variation in emphasis among 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 College and the Department of Family Medicine 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, the College, the Medical Center, and the University in the context of their assigned position descriptions. Metrics for quality and impact will be carefully determined the Department, defined in this Appointment, Promotion and Tenure document, and will be 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 College and Department standards of excellence in all areas (including demonstration of national or international impact and recognition) as appropriate to the faculty appointment, and duties, are met.

## **II. MISSION**

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The Department of Family Medicine and the College of Medicine are dedicated to the education of skilled professionals in the basic and clinical medical sciences and allied medical professions; discovery, evaluation and dissemination of knowledge and technology; and the provision of innovative solutions for improving health, with an emphasis on personalized health care of families and communities.

### **III. DEFINITIONS**

#### **A. DEPARTMENT OF FAMILY MEDICINE COMMITTEE OF THE ELIGIBLE FACULTY**

##### **1. TENURE TRACK FACULTY**

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 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 of the college, the Executive Vice President and provost, and the president.

##### **2. CLINICAL FACULTY**

The eligible faculty for senior rank of new appointments, reappointment 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 of the college, the Executive Vice President and Provost, and the President.

##### **3. RESEARCH FACULTY**

The eligible faculty for senior rank of new appointments, reappointment 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 of the college, the Executive Vice President and Provost, and the President.

##### **4. ASSOCIATED FACULTY**

The eligible faculty for senior rank of new appointments, 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 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. PROMOTION AND TENURE COMMITTEE**

The department maintains a Promotion and Tenure Committee that 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.

When considering cases involving clinical faculty the Promotion and Tenure Committee may be augmented by two nonprobationary clinical faculty members.

When considering cases involving research faculty the Promotion and Tenure Committee may be augmented by two nonprobationary clinical faculty members and two nonprobationary research faculty members.

## **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.

## **D. RECOMMENDATION FROM THE COMMITTEE OF THE ELIGIBLE FACULTY**

In all votes taken on personnel matters only “yes” and “no” votes are counted. Abstentions are not votes. Faculty members are strongly encouraged to consider whether they are participating fully in the review process when abstaining from a vote on a personnel matter.

Absentee ballots and proxy votes are not permitted.

### **1. APPOINTMENTS**

In this department a positive recommendation from the eligible faculty for appointment is secured when a simple majority (greater than 50%) of the votes cast is positive.

### **2. REAPPOINTMENT, PROMOTION AND TENURE, PROMOTION, RENEWAL**

In this department a positive recommendation from the eligible faculty for reappointment, promotion and tenure, and promotion, is secured when a simple majority (greater than 50%) of the votes cast is positive.

## **IV. APPOINTMENTS**

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The *Rules of the University Faculty* permit the College of Medicine to make appointments in the following: Tenure-track; Clinical; Research; and Associated faculty. The latter contains unpaid and paid Associated faculty. The appropriate initial appointment to the Department of Family Medicine in the College of Medicine must reflect these differing qualifications, 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 will carefully evaluate and align the career goals of the faculty candidate and the Department needs in determining the most appropriate track for the faculty member.

### **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 extramural funding such as that provided by the National Institutes of Health (NIH). Although excellence in teaching and outstanding service to

Ohio State University is required, these alone are not sufficient for progress through the ranks.

Tenure Track Appointments 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. Faculty members appointed to the tenure track will be assigned a workload that provides sufficient time 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 must undergo an appropriate faculty review by the Department.

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 the Department of Family Medicine, each appointee must obtain the appropriate Ohio licensure and other required certifications.

### **Appointment: Instructor on the Tenure-track**

**Instructor.** Appointment at the rank of instructor is made only when the offered appointment is that of assistant professor, but requirements for the terminal degree have not been completed by the candidate at the time of appointment. The department will make every effort to avoid such appointments. 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 end 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.

- 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. 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.

- 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 (6<sup>th</sup> year of appointment for faculty without clinical responsibilities, 11<sup>th</sup> year of appointment for faculty with significant patient clinical service 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 the 11<sup>th</sup> year as to whether promotion and tenure will be granted at the beginning of the 12<sup>th</sup> year. For individuals not recommended for promotion and tenure after the mandatory review, the 12<sup>th</sup> year will be the final year of employment.

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. Prior service credit shortens a probationary period by the amount of the credit and once granted cannot be revoked.

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**

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.

**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 significant 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.

**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. 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 permanent 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 and Tenure Track appointments have equal importance in the Department and in the College. Clinical appointments exist 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 in Clinical appointments differ from those on the Tenure-track and may be focused on a variety of academic pursuits including the scholarship of practice, integration, education, as well as new knowledge discovery. Clinical Faculty members may choose to distinguish themselves in teaching, innovative pedagogic program development, or patient-oriented research: thus appointment to the Clinician Scholar, Clinician Educator, or Clinical Excellence pathway.

The Clinician-Educator pathway reflects excellence as measured by teaching evaluations and innovative teaching practices, modules and publications.

The Clinician-Scholar pathway reflects 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.

The Clinical Excellence pathway exists for faculty members who focus on exemplary clinical care, unique areas of emphasis in patient management, or outstanding service to a Department, the College of Medicine, and OSU. Faculty members on this pathway typically devote 90% or more of their effort to patient care or administrative service.

Clinical faculty members are not eligible for tenure and may not participate in promotion and tenure matters of tenure track faculty.

All Clinical appointments 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 clinical appointments.

Clinical faculty in the Department of Family Medicine may be appointed to the Clinician Scholar, Clinician Educator, or Clinical Excellence Pathways as determined by the Chair. Transfers between these pathways may occur at the time of reappointment or contract amendment due to change in responsibilities, and with the understanding that performance metrics of these pathways differ significantly.

### **Appointment: Instructor of Clinical Family Medicine**

Appointment is normally made at the rank of instructor of clinical Family Medicine when the appointee has not completed the requirements for the terminal degree. The department will make every effort to avoid such appointments. An appointment at the instructor level is limited to a four-year contract. In such cases, if the instructor has not completed requirements for promotion to the rank of assistant professor by the end 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 of clinical family medicine is promoted to Assistant Professor of clinical family medicine, 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 family medicine 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 Family Medicine**

The initial appointment to the rank of Assistant Professor of clinical family medicine 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 of clinical family medicine

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 family medicine 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 Family Medicine**

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

#### **Appointment: Professor of Clinical Family Medicine**

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

### **3. RESEARCH FACULTY**

Research appointments exist for faculty members whose focus is scholarship. Notably, the standards for scholarly achievement are similar to those for individuals on the Tenure-track for each faculty rank. Research faculty members are expected to contribute to a Department’s research mission and are expected to demonstrate excellence in scholarship

as reflected by high quality peer-reviewed publications and successful competition for NIH or similar funding.

Research 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.

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. 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**

The Department's Appointments, Promotion and Tenure document requires that the candidate for appointment as a Research Assistant Professor has provided 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 Associate Research 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**

Associated faculty appointments exist 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.” Associated faculty appointments are for up to three years. The below titles are used for Associated faculty in the College of Medicine.

#### **Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor.**

Adjunct appointments may be compensated or uncompensated. Adjunct faculty appointments are given to individuals who give academic service to the department, such as teaching a course or serving on graduate student committees, for which a faculty title is appropriate. The adjunct faculty rank is determined by applying the criteria for the appropriate track: tenure, clinical or associated. Adjunct faculty members are eligible for promotion (but not tenure).

**Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, Clinical Professor.** Associated faculty with patient care responsibilities will be given clinical associated appointments. Clinical 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).

**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 titles is for individuals at 49% FTE or below, either compensated or uncompensated. The rank of associated faculty with titles is determined by applying the criteria for appointment for the appropriate track tenure or clinical. Associated faculty members with 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 the appropriate track, tenure or clinical. Visiting faculty members are not eligible for tenure or promotion. They may not be reappointed for more than three consecutive years at 100% FTE.

At a minimum, all candidates for associated faculty appointments must meet the following criteria.

- Associated clinical practice faculty with clinical responsibilities must be a 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:
  - 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.
  - Research: These faculty members may collaborate with a Department or Division in the College in research projects or other scholarly activities.
  - 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 up to one to three year terms. As such, Associated faculty are not eligible for traditional promotion, 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. CLINICAL/ADJUNCT/VISITING 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. CLINICAL/ADJUNCT/VISITING PROFESSOR**

Appointment or Reappointment to the rank of Clinical/Adjunct/ Visiting 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 a Clinical/Adjunct/Visiting Associate 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 the appropriate track: tenure or clinical for which they are being appointed. Visiting faculty members are not eligible for tenure or promotion. They may not be reappointed for more than three consecutive years at 100% FTE.

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 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 be made in the same faculty appointment, using the same title, as that offered 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.

## **6. TRANSFER**

Transfers between types of appointments are permitted only under the strict guidelines detailed in the paragraphs below, per University Rules [3335-7-09](#) and [3335-7-10](#). Furthermore, transfer of an individual to an appointment with more limited expectations for scholarship 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.

### **Transfer: Tenure-track to a Clinical Faculty Appointment**

If faculty members' activities become more aligned with the criteria for appointment to Clinical Faculty, they may request a transfer. A transfer request must be approved by the Department Chair, Dean, and Executive Vice President and Provost. The first appointment to the new appointment is probationary; and tenure, or the possibility thereof, is revoked.

### **Transfer: Tenure-track to a Research Faculty Appointment**

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

### **Transfer: Clinical or Research Faculty to Tenure-track**

Transferring as a Clinical or Research faculty member to the a Tenure-track position is not permitted, but Clinical and Research faculty are eligible to apply for Tenure Track positions through a competitive national search.

## **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 Family Medicine recognizes and accepts the College requirement that our Department's Appointments, Promotion and Tenure document (as described on page 3 of this document) must describe in detail the procedures to be utilized in faculty searches for initial appointments in each of the different faculty appointments. Thus, any faculty appointment forwarded from our Department for approval by the College of Medicine will be consistent with our Department'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 will 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.

The following sections provide general guidelines for searches in the different faculty appointments that have been accepted and endorsed by the Department.

## **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 be consistent with the university policies set forth in the most recent update of *[A Guide to Effective Searches](#)*, which can be found at: <http://www.hr.osu.edu/hrpubs/guidesearches.pdf>. 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. 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 ([www.hr.osu.edu/](http://www.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. , subject to the Department Chair's approval.

- 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 advertise using at least one 30-day online ad in a national professional journal. The university does not grant tenure in the absence of permanent residency ("green card"), and strict 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 field-specific nationally professional journal.
- Screens applications and letters of recommendation and presents to the full faculty a summary of those applicants (usually three to five) judged worthy of interview. If the faculty agrees with this judgment, on-campus interviews are arranged by the search committee chair, assisted by the department office. If the faculty does not agree, the department chair in consultation with the faculty determines the appropriate next steps (solicit new applications, review other applications already received, cancel the search for the time being).

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.

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.

In the event that more than one candidate achieves the level of support required to extend an offer, the department chair decides which candidate to approach first. The details of the offer, including compensation, are determined by the department chair.

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 Clinical appointments 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 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 university policies set forth in [\*A Guide to Effective Searches\*](#).

## **3. RESEARCH FACULTY**

Searches for initial Research appointments should follow the same procedures as those utilized by the Department and the College of Medicine for Tenure Track faculty. 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 university policies set forth in [\*A Guide to Effective Searches\*](#).

## **4. ASSOCIATED FACULTY**

Initial appointments to a paid associated faculty position 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.

Compensated associated appointments are generally made for a period of one year, unless a shorter or longer period is appropriate to the circumstances. All associated appointments expire at the end of the appointment term and must be formally renewed to be continued. Visiting appointments may be made for one term of up to three years or on an annual basis for up to three consecutive years.

## **5. COURTESY APPOINTMENTS FOR FACULTY**

Any department faculty member may propose a 0% FTE (Courtesy) appointment for a tenure-track, clinical, or research 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. TRANSFER

Tenure track faculty may transfer to a clinical or research position if appropriate circumstances exist. Tenure is lost upon transfer, and transfers must be approved by the department chair, the college dean, and the executive vice president and provost.

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.

Transfers from clinical and research appointments to the tenure track are not permitted. Clinical and research faculty members may apply for tenure track positions and compete in national searches for such positions.

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

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

Each 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](#): 2.4.1.6.

The department chair is required (per Faculty Rule 3335-3-35 [\[http://trustees.osu.edu/university/facultyrules\]](http://trustees.osu.edu/university/facultyrules)) to include a reminder in the annual review letter that all faculty have the right (per Faculty Rule 3335-5-04 [\[http://trustees.osu.edu/university/facultyrules\]](http://trustees.osu.edu/university/facultyrules)) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.

### **Procedures for Tenure Track, Clinical Faculty(including Clinical Scholar, Educator, and Excellence Pathways), Research Faculty, and Full-time Paid Associated Faculty**

The faculty member must maintain an up-to-date approved OSU Dossier program profile and/or keep a recent curriculum vitae on record with the Department. 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. If a Chair's designee conducts the annual review, there must be a mechanism for appraising the Chair of each faculty member's performance. 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. Each department will be responsible for implementing such a plan and describing the annual review procedure in its individual Appointments, Promotion and Tenure document.

## **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**

During the fourth year of the probationary period the annual review follows the same procedures as the mandatory tenure review, with the exception that external evaluations are optional and the dean (not the department chair) makes the final decision regarding renewal or nonrenewal of the probationary appointment.

External evaluations are only solicited when either the department chair or the eligible faculty determine that they are necessary to conduct the Fourth-Year Review. This may occur when the candidate's scholarship is in an emergent field, is interdisciplinary, or the eligible faculty do not feel otherwise capable of evaluating the scholarship without outside input.

The eligible faculty conducts a review of the candidate. On completion of the review, the eligible faculty votes by written ballot on whether to renew the probationary appointment.

The eligible faculty forwards a record of the vote and a written performance review to the department chair. The department chair conducts an independent assessment of performance and prepares a written evaluation that includes a recommendation on whether to renew the probationary appointment. At the conclusion of the department



review, the formal comments process (per Faculty Rule 3335-6-04 [<http://trustees.osu.edu/university/facultyrules>]) is followed and the case is forwarded to the college for review, regardless of whether the department chair recommends renewal or nonrenewal.

## **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**

Faculty Rule 3335-6-03 (D) (<http://trustees.osu.edu/university/facultyrules>) sets forth the conditions under which a probationary tenure-track faculty member may exclude time from the probationary period. Additional procedures and guidelines can be found in the Office of Academic Affairs Policies and Procedures Handbook (<http://oaa.osu.edu/handbook.html>).

## **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 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 year of a research 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.

#### **E. ANNUAL REVIEW PROCEDURES: ASSOCIATED FACULTY**

Compensated associated faculty members in their initial appointment must be reviewed before reappointment. The department chair, or designee, prepares a written evaluation and meets with the faculty member to discuss his or her performance, future plans, and goals. The department chair's recommendation on renewal of the appointment is final. If the recommendation is to renew, the department chair may extend a multiple year appointment.

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

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

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

#### **A. 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.

## **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 College of Medicine's formal criteria for academic advancement, including promotion on each faculty appointment type and awarding of tenure. This information is intended to provide a standard against which a Department's Appointments, Promotion and Tenure document is evaluated for formal approval by the College of Medicine. 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. ASSOCIATE PROFESSOR WITH TENURE**

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

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

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 recognized as high impact for Family Medicine, 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 been published, and their H-index. However, these metrics should be interpreted within the context of the discipline of Family Medicine. For example, few of the more traditional Family Medicine journals have an impact factor greater than 3.0 (see Appendix XX for details). A sustained record of high quality and quantity of scholarly productivity as an assistant professor is required for promotion to the rank of associate professor. Specific metrics in support of excellence in scholarship may be position-specific. For examples, clinician investigators will have less time available for research than non-clinician investigators and appropriate adjustments of these criteria should be made. The range of publications will be adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical service. In addition, 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.

The Department of Family Medicine has defined an acceptable range of scholarly productivity and explicitly balanced qualitative and quantitative accomplishments to guide promotion and tenure decisions. Examples of discipline specific considerations include publications in highly specialized journals that may have a high impact in the field, but a relatively low overall impact factor and citation index. Expectations regarding scholarship are typically adjusted according to the extent of the faculty member's commitment to clinical service, teaching, or administrative duties and service to regional or national organizations. The extent of those activities will be documented in the annual reviews of faculty members and will be included in departmental promotion reviews.

Evidence of sustained or multiple grant support is also a critical indicator of expertise in the field. Candidates for promotion to associate professor with tenure who are without significant clinical responsibilities must have obtained significant national-level funding. Examples include, NIH-equivalent funding as a principal investigator (PI) on an R01 or as one of several program directors or principal investigators (multiple-PD/PI) on a large NIH-equivalent grant (i.e., multicenter R01 or equivalent such as a project on a P01, U54), a mentored career development award, e.g., K23 or K08. NIH-equivalent funding sources include the Health Services and Resources Administration (HRSA), the Agency for Healthcare Research and Quality (AHRQ), the Robert Wood Johnson (RWJ) Foundation, Patient Centered Outcomes Research Institute (PCORI), or the National Science Foundation (NSF). Ideally, candidates will have demonstrated sustainability of their research program by renewal of the respective national-level award and/or by

applying for a second distinct NIH award and/or another nationally competitive, peer-reviewed grant project from an equivalent agency or organization. The latter may include support from prominent national charitable foundations (e.g., American Academy of Family Physicians, American Heart Association, American Diabetes Association, American Cancer Society, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention.

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

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

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

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

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion and tenure. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues, and national peers. Teaching awards and other honors also are highly supportive of teaching excellence. A faculty member may also demonstrate a favorable impact through the development of teaching and training programs, including curricular innovation, new teaching modalities or assessment methods, 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 but not a prerequisite

Service: Service includes administrative service to OSU, excellent patient care, program development, professional service appropriate 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, Medical Center, and/or University committees and mentoring activities. Evidence of professional service can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes: reviewers of proposals, external examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion. Table 1 provides a summary of expected benchmarks for promotion to associate professor with tenure.

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

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

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

**b. ASSOCIATE PROFESSOR WITHOUT TENURE**

Promotion to Associate Professor without Tenure is available to faculty members with 11- year probationary periods. The criteria for promotion will require a level and pattern of achievement that demonstrates that the candidate is making significant progress toward tenure, but has not yet achieved all the requisite criteria for promotion with tenure. It is expected that promotion to associate professor without tenure will be common in the College of Medicine among scholars with clinical roles prior to completion of the 11-year probationary period. The Department of Family Medicine may propose a faculty member for promotion consideration (without tenure) in cases where the faculty member is making progress but has not achieved the necessary requirements for tenure. In addition faculty committees (Department or College) or administrators (Chair or Dean) may



determine that a faculty member's accomplishments do not merit tenure and may recommend promotion without tenure even if a faculty member has requested promotion with tenure. Promotion without tenure may only occur if a candidate is not in the mandatory review year. If a clinician candidate is promoted without tenure, the tenure review must occur within six years, and no later than the mandatory review year, whichever comes first.

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

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

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

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

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

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

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

### **c. PROFESSOR WITH TENURE**

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

Scholarship: A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an associate professor is required for promotion to professor (see Table 3). For example, an H-score over 25, and/or 45 to 60 peer-review publications with an impact factor of 0.5 to 4.5. Candidates for promotion to professor should ideally have 25 to 30 peer-reviewed publications since their promotion to associate professor, with the understanding that per cent of time devoted to clinical care a consideration in the number of publications and

grants that is expected in decisions regarding promotion. 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 or other federal study section, peer recognition or awards for research, and editorships and lectures in international venues. Candidates for promotion will be expected to have developed and maintained nationally competitive and peer reviewed extramural funding to support their research program including sustained NIH-like or other comparable funding. At a minimum, PhD-type candidates for promotion to professor must be a PI or multiple-PD/PI on at least one NIH funded R01, or equivalent grant, with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH awards. For clinician scientists seeking promotion to professor accommodation should be made in their grant requirements based on their clinical duties.

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

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

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

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

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

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

## **2. PROMOTION OF CLINICAL FACULTY**

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

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

The awarding of promotion to the rank of associate professor of Clinical Family

Medicine must be based upon convincing evidence that that the candidate has developed a national level of impact and recognition since being appointed to the rank of assistant professor. National impact and recognition is evidenced by the candidate's body of work and reflected in the external letters of evaluation.

The awarding of promotion to the rank of professor in the Clinical Faculty must be based upon convincing evidence that that the candidate has developed a national level of leadership or international recognition since being appointed to the rank of associate professor. National leadership and international recognition is evidenced by the candidate's body of work and reflected in the external letters of evaluation.

Faculty members on the clinical faculty typically pursue careers as clinician scholars, clinician educators, or one of clinical excellence.

#### **A. ASSOCIATE PROFESSOR, CLINICIAN EDUCATOR PATHWAY**

The awarding of promotion to the rank of associate professor in the Clinical Faculty: Clinician-Educator Pathway should be based upon convincing evidence that that the candidate has developed a national level of impact and recognition as a clinician educator since being appointed to the rank of assistant professor. National impact and recognition is evidenced by the candidate's body of work and reflected in the external letters of evaluation. The candidate's body of work has more emphasis in the education/teaching realms and relatively less in the scholarship and service realms; but note that success in all three realms is required. Scholarship and service should support and promote the candidate's educational focus in his/her body of work.

Teaching: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues/peers, and national peers. Teaching awards and other honors are evidence of teaching excellence. Candidates should demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of impactful, innovative programs that integrate teaching, research, and patient care are particularly valued. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity, though not necessary for promotion.

Service: Service is broadly defined to include administrative service to the Medical Center and/or University (e.g. committee service), administrative service to the profession and/or specialty of family medicine/discipline (e.g. journal editor service, Academy committee service), exemplary patient care, program development relating to clinical, administrative, and/or leadership within Family Medicine (in the Department, Medical Center and/or University and the provision of professional expertise to public and private entities beyond

the University. Evidence of service can include (but is not limited to) being appointed to serve on Department, College, Medical Center, and/or University committees, mentoring activities, professional society committee work, etc.

Scholarship: The candidate should demonstrate contributions to scholarship as reflected by authorship of 10 or more scholarly works in peer reviewed venues. This may include, but is not limited to, peer-reviewed journal publications, review articles, research abstracts, book chapters, conference proceedings, national conferences, etc. The majority of the scholarly works should focus on educational processes, programs or techniques, etc. The candidate should be first or senior author on the majority of the works. The development of web-based or video-teaching modules is highly valued. Local participation in at least one multi-institutional or nationally –funded educational project or grant is strongly encouraged.

Table 4 provides a summary of benchmarks for promotion to Associate Professor in the Clinical as a Clinician-Educator.

This summary is not meant to provide a “checkbox approach” to the promotion process. The candidate’s body of work and external letters of evaluation are evidence of national impact and recognition; these benchmarks are a pathway to that impact and recognition.

**Table 4: Summary of representative metrics used to assess suitability for promotion to Associate Professor of Clinical Family Medicine: Clinician-Educator Pathway**

Peer-review Publications	Grants	Teaching	Service and National Role
10 or more scholarly works since appointment as Assistant Professor at OSU.	Local participant in at least one nationally-funded or multi-institutional educational project.	Excellent OSU teaching evaluations from learners, peers; and a wider audience e.g. national or regional; Teaching awards.	Service to the Department, Medical Center, and/or University as well as to candidate’s discipline/profession (see text)

**B. PROFESSOR, CLINICIAN-EDUCATOR PATHWAY**

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

evidenced by the candidate's body of work and reflected in the external letters of evaluation. The candidate's body of work has more emphasis in the education/teaching realms and relatively less in the scholarship and service realms; but note that success in all three realms is required. Scholarship and service should support and promote the candidate's educational focus and leadership in his/her body of work.

Teaching and Mentoring: A distinctive record of sustained superlative teaching and excellence is required for promotion. Excellence is demonstrated by sustained positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and honors are strong evidence of teaching excellence. Candidates should demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of impactful, innovative programs that integrate teaching, research, and patient care are particularly valued. These should be new or different programs since promotion to Associate Professor. Invitation to consult and/or present at national and/or international conferences and activities are highly desirable and evidence a national leadership role. Multiple teaching awards and other honors are indicative of this level of teaching excellence. Candidates must demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of multiple impactful, innovative programs that integrate teaching, research and patient care are valued. Teaching excellence may also be demonstrated through participation in specialty boards such as Resident Review Committees, specialty boards, and the Accreditation Council for Graduate Medical Education.

Service: Service is broadly defined to include administrative service to the Medical Center and/or University (e.g. committee service), administrative service to the profession and/or specialty of family medicine/discipline (e.g. journal editor service, Academy committee service), exemplary patient care, program development relating to clinical, administrative, and/or leadership within Family Medicine (in the Department, Medical Center and/or University, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include (but is not limited to) membership on Department, College, Medical Center, and/or University committees, mentoring activities, professional society committee work, etc. Leadership in these activities as evidence of chairing (a) committee(s), election to leadership in national organizations, etc. is highly desirable.

Scholarship: The candidate should demonstrate contributions to scholarship as reflected by authorship of 10 or more scholarly works in peer reviewed venues since promotion to Associate Professor. This may include, but is not limited to, peer-reviewed journal publications, review articles, research abstracts, book chapters, conference proceedings, national conferences, etc. The majority of the scholarly works should focus on educational processes, programs or techniques, etc. The candidate should be first or senior author on the majority of the works. The development of web-based or video-teaching modules is highly valued.

Local leadership in at least one multi-institutional or nationally –funded educational project or grant is strongly encouraged

Table 5 provides a summary of benchmarks for promotion to Professor in the Clinical as a Clinician-Educator. This summary is not meant to provide a “checkbox approach” to the promotion process. The candidate’s body of work and external letters of evaluation are evidence of national impact/leadership or international recognition; these benchmarks are a pathway to that leadership and recognition.

**Table 5: Summary of representative metrics used to assess suitability for promotion to Professor of Clinical Family Medicine: Clinician-Educator Pathway**

Peer-review Publications	Grants	Teaching	Service and National Role
As a general guideline 15 or more scholarly works (see text) since promotion to Associate Professor	Local leader of at least one nationally-funded or multi-institutional educational project	Excellent OSU teaching evaluations from learners, peers, and a wider audience e.g. national or regional; Teaching awards	Service to the Department, Medical Center, and/or University as well as to candidate’s discipline/profession (see text) Leadership role in national professional organization; National-level invitations to speak and/or consult.

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

The awarding of promotion to the rank of associate professor in the Clinical Faculty: Clinician-Scholar Pathway must be based upon convincing evidence that that the candidate has developed a national level of impact and recognition as a clinician scientist since being appointed to the rank of assistant professor. National impact and recognition is evidenced by the candidate’s body of work and reflected in the external letters of evaluation. The candidate’s body of work has more emphasis in the scholarship realms and relatively less in the teaching and service realms; but note that success in all three realms is required. Teaching and service should support and promote the candidate’s scholarship focus in his/her body of work.

Teaching: A distinctive record of teaching excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues/peers, and national peers. Teaching awards and other honors are also supportive of teaching excellence. Teaching excellence may also be demonstrated through evaluations and peer feedback based on presentations at other scientific conferences or meetings and the like.

Scholarship: The candidate should demonstrate contributions to scholarship as



reflected by authorship of 10 or more scholarly works in peer reviewed venues. This may include, but is not limited to, peer-reviewed journal publications, review articles, research abstracts, book chapters, conference proceedings, national conferences, etc. The candidate should be first or senior author on the majority of the works. The candidate must demonstrate and participate in basic, translational or clinical research projects, and/or in clinical trials. Participation in collaborative, multidisciplinary research and team science is highly valued even though it may result in “middle” authorship, as long as the faculty member’s unique contribution can be discerned. Securing external funding in support of their program of scholarship is highly desirable. Candidates should be investigators in foundation, industry, or nationally funded studies.

Service: Service is broadly defined to include administrative service to the Medical Center and/or University (e.g. committee service), administrative service to the profession and/or specialty of family medicine/discipline (e.g. academy committee service), exemplary patient care. Emphasis is placed on scholarly “service”; examples include (but are not limited to) journal peer review and/or editorial boards, peer review committee for a regional or national educational, scientific or CME conference and the like.

Table 6 provides a summary of expected benchmarks for promotion to associate professor in the Clinical as a Clinician-Scholar. This summary is not meant to provide a “checkbox approach” to the promotion process. The candidate’s body of work and external letters of evaluation are evidence of national impact and recognition; these benchmarks are a pathway to that impact and recognition.

**Table 6: Summary of representative metrics used to assess suitability for promotion to Associate Professor in the Clinical: Clinician Scholar Pathway**

Peer-review Publications	Grants and Patents	Teaching	Service and National Role
Ten (10) or more scholarly works (see text) since appointment as Assistant Professor	Local participant in at least one nationally-funded or multi-institutional project, grant or study. External funding in program of scholarship.	Excellent OSU teaching evaluations from learners, peers, and/or a wider national or regional audience.	Service to the Department, Medical Center, and/or University as well as to candidate’s discipline/profession

**D. PROFESSOR, CLINICIAN SCHOLAR PATHWAY**

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

leadership or international recognition is evidenced by the candidate's body of work and reflected in the external letters of evaluation. The candidate's body of work has more emphasis in the scholarship realm and relatively less in the teaching and service realms; but note that success in all three realms is required. Teaching and service should support and promote the candidate's scholarly focus and leadership in his/her body of work.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues/peers and national peers. Teaching awards and other honors are also supportive of teaching excellence. Teaching excellence may also be demonstrated through evaluations and peer feedback based on presentations at other scientific conferences or meetings and the like. Mentorship of junior faculty on nationally-funded grants is highly valued as a teaching, mentoring and scholarly activity.

Scholarship: The candidate should demonstrate contributions to scholarship as reflected by authorship of 15 or more scholarly works in peer reviewed venues. This may include, but is not limited to, peer-reviewed journal publications, review articles, research abstracts, book chapters, conference proceedings, national/international conferences, etc. The candidate should be first or senior author on the majority of the works. The candidate must demonstrate participation in basic, translational or clinical research projects, or in clinical trials. Participation and leadership in collaborative, multidisciplinary research and team science is highly valued. Securing external funding in support of their program of scholarship is highly desirable. Candidates should be investigators and/or local PI in foundation-, industry-, or nationally-funded (e.g. NIH, AHRQ, etc.) studies.

Service: Service is broadly defined to include administrative service to the Medical Center and/or University (e.g. committee service), administrative service to the profession and/or specialty of family medicine/discipline (e.g. academy committee service), exemplary patient care. Service in the form of a leadership position (e.g. chairing a committee) is desirable. Emphasis is placed on scholarly "service"; examples include (but are not limited to) journal peer review and/or editorial boards, leadership position of a peer review committee for a regional, national, and/or international educational, scientific or CME conference and the like.

Table 7 provides a summary of expected benchmarks for promotion to Professor in the Clinical as a Clinician-Scholar. This summary is not meant to provide a "checkbox approach" to the promotion process. The candidate's body of work and external letters of evaluation are evidence of national impact/leadership or international recognition; these benchmarks are a pathway to that leadership and recognition.

**Table 7: Summary of representative metrics used to assess suitability for promotion to Professor of Clinical Family Medicine: Clinician Scholar Pathway**

Peer-review Publications	Grants and Patents	Teaching	Service and National Role
Fifteen (15) or more scholarly works (see text) since promotion to Associate Professor	Local PI or co-PI in at least one nationally-funded or multi-institutional project, grant or study External funding in program of scholarship	Excellent OSU teaching evaluations from learners, peers, and/or a wider national or regional audience Mentor on nationally- funded project.	Service to the Department, Medical Center, and/or University as well as to candidate's discipline/profession in a leadership context.

#### **E. ASSOCIATE PROFESSOR, CLINICAL EXCELLENCE PATHWAY**

The awarding of promotion to the rank of Associate Professor in the Clinical Excellence pathway must be based on clear and convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual physician's scope or sphere of influence within the Department of Family Medicine since being appointed to the rank of assistant professor. This impact is evidenced by the candidate's body of work and reflected in the internal and/or external letters of evaluation.

For those faculty whose patient care-related responsibilities are 90% FTE or greater and/or who have significant clinical administration responsibilities, the awarding of promotion to the rank of associate professor in the Clinical Excellence Pathway can be based upon convincing evidence of excellence in activities categorized as the "scholarship of practice." 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 regional national recognition of the Medical Center. For these individuals, their contribution to the regional and national recognition of the Medical Center may serve as a proxy for personal national recognition. That is, the record of impact is beyond the faculty member's usual scope or sphere of influence. Promotion is not granted purely on the basis of length of service to the institution or satisfactory/excellent job performance.

One of the most important measures of excellence in the scholarship of practice will be evidence that activities or innovations of the individual faculty member have contributed to a change in the scope and the nature of practice in the practice of family medicine or related disciplines e.g. (geriatrics, sports medicine, etc. )

Another piece of evidence might be the development of a new and innovative approach to the management of a challenging clinical problem that becomes generalizable and a standard of practice. Other examples of evidence that might be used to document excellence in the scholarship of practice might include (not an exhaustive list):

- Referral patterns from beyond the typical distribution of the respective clinical practice (demonstrates a reputation external to our organization as “best in class”).
- Referral of the most complex and sickest patients as indicated by case-mix index (identifies those physicians with clinical skills beyond their peers).
- Measures of targeted clinical excellence that contribute to furthering Family Medicine (e.g., Meaningful Use measures; PCMH statistics).
- Establishment of quality improvements or systems-based changes that result in enhancement of the care provided to patients at Ohio State and/or beyond OSUWMC, demonstrating an impact beyond that physician’s individual patients.
- A sustained track record of exemplary clinical leadership and unique program of development within Ohio State.
- Contribution to the medical literature and demonstration of knowledge and ability to build on existing literature in relevant domains. This may include publication in journals, abstracts, etc. or dissemination of knowledge to a wider audience (e.g. regional or national).
- Demonstration of dissemination of peer-reviewed data and expertise in the form of Grand Rounds, clinical practice guidelines, seminars, podcasts, websites, small group activities with peer reviewed data and internal benchmarking.
- Demonstration of collaboration with researchers and educators internal and external to the Department of Family Medicine.
- Demonstration that excellence and expertise are recognized through the receipt of honors and awards from internal and external sources. Ranking among the region’s and nation’s elite such as Best Doctors ©, Castle-Connolly, and the like.

Examples include but are not limited to: recognition through local and regional awards; adoption of practices or systems innovations by local or regional institutions and organizations; membership or leadership in professional organizations in the faculty member’s field especially when invitation is as a result of the faculty member’s scholarship; dissemination of scholarship of practice through publication, including web based or other media, or presentations at local, regional, or regional meetings; invitation as a consultant to local or regional health care systems, institutions, or organizations including the health care industry; referrals specifically to the faculty member for patient consultation or management (could be tracked by zip codes or other means); evidence of impact on careers of physicians trained at the College of Medicine reflected by letters solicited from past trainees.

## **F. PROFESSOR, CLINICAL EXCELLENCE PATHWAY**

The awarding of promotion to the rank of Professor in the Clinical Excellence pathway must be based on clear and convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual physician's scope or sphere of influence within the Department of Family Medicine since being promoted to the rank of Associated Professor. This impact is evidenced by the candidate's body of work and reflected in the internal and/or external letters of evaluation.

Faculty members with substantial clinical patient care and clinical administrative responsibilities (90% or greater time commitment) are also eligible for promotion to Professor, utilizing the general principles outlined previously under Associate Professor. The awarding of promotion to the rank of Professor in the Clinical Excellence Pathway for individuals with major clinical responsibility must be based upon convincing evidence that that the candidate has met more advanced criteria for excellence in teaching, service/patient care, and the scholarship of practice since appointment or promotion to the rank of associate professor. In other words, the accomplishments are generally novel from or farther beyond those that gained promotion to associate professor. Promotion is not granted purely on the basis of length of service to the institution, satisfactory/excellent job performance, or the mere sustaining/continuation of projects/processes/successes which garnered the candidate's Associate Professor rank.

## **3. PROMOTION OF RESEARCH FACULTY**

The criteria for promotion of research faculty are primarily focused on the category of research, for which the standards are comparable to those used for Tenure Track at each faculty rank.

### **a. ASSOCIATE RESEARCH 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 on this appointment. Other nationally competitive, peer reviewed funding, including support from national charitable foundations (*e.g.*, American Heart Association or American Cancer Society), industry, or federal entities such as the CDC and the NSF will satisfy the criterion for nationally competitive peer reviewed funding should evidence exist for a sustained record of funding from these types of agencies. Faculty members are encouraged to collaborate with other investigators and may therefore meet the requirement for extramural support for their research as a co-investigator on NIH awards, or other comparable roles on awards from private foundations. Funding through pharmaceutical or instrumentation companies for investigator initiated proposals, or as local principal investigator for multi-center trials also meets the requirement of extramural funding. Similarly, faculty members who generate support for their research programs through their contribution to the creation of patents with associated license-derived income or spin-off companies also meet the criteria for extramural funding. It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources.

The number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations and must at least meet the scholarship expectations of tenure track faculty at the associate professor level. 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. RESEARCH 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 Professor of Research faculty. Faculty must at least meet the scholarship expectations of tenure track faculty at the professor level. Clear evidence of national leadership and/or an international reputation must be achieved. Examples of such a national reputation include service on NIH or equivalent grant review panels, participation on steering, guideline or advisory committees, selection for service in a national professional society, invitation for lectureships or scholarly reviews, receipt of national scientific awards, external letters of evaluation and other measures of national impact.

## **B. PROMOTION AND TENURE, AND PROMOTION REVIEW: PROCEDURES**

The Department of Family Medicine Follows procedures that 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 Department and the College are comprised of a wide array of professional disciplines. Care must be taken to apply the criteria for appointment and promotion with sufficient flexibility. In all instances, superior intellectual attainment, in accordance with the criteria set forth, is an essential qualification for appointment and promotion to all faculty positions. Insistence upon this standard for continuing members of the faculty is necessary

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

## **1. CANDIDATE RESPONSIBILITIES**

The responsibilities of the candidate are as follows:

- a. 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 Office of Academic Affairs core dossier outline including, but not limited to, those highlighted on the checklist.
- b. To submit a copy of the department's APT Document that was in effect at the time of the candidate's 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.
- c. To review the list of potential external evaluators developed by the department chair and the Promotion and Tenure Committee. The candidate may add no more than three additional names, but is not required to do so. The candidate may request the removal of no more than two names, providing the reasons for the request. The department chair decides whether removal is justified. (Also see External Evaluations below.)

## **2. PROMOTION AND TENURE COMMITTEE RESPONSIBILITIES**

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

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually, in spring semester, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only professors on the committee may consider promotion review requests to the rank of professor. A simple majority of those eligible to vote on a request must vote affirmatively for the review to proceed.
  - The committee bases its decision on assessment of the record as presented in the faculty member's CV and on a determination of the availability of all required documentation for a full review (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 (<http://trustees.osu.edu/rules/university-rules.html>) for one year. If the denial



is based on lack of required documentation and the faculty member insists that the review go forward in the following year despite incomplete documentation, the individual should be advised that such a review is unlikely to be successful.

- A decision by the committee to permit a review to take place in no way commits the eligible faculty, the department chair, or any other party to the review to making a positive recommendation during the review itself.
- Annually, in late spring through early autumn semester, to provide administrative support for the promotion and tenure review process as described below.
  - **Late Spring:** Select from among its members a Procedures Oversight Designee who will serve in this role for the following year. The Procedures Oversight Designee cannot be the same individual who chairs the committee. The Procedures Oversight Designee's responsibilities are described in the Office of Academic Affairs annual procedural guidelines.
  - **Late Spring:** Suggest names of external evaluators to the department chair.
  - **Summer:** Gather internal evidence of the quality of the candidate's teaching, scholarship, and service from students and peers, as appropriate, within the department.
  - **Early Autumn:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with Office of Academic Affairs requirements; and work with candidates to assure that needed revisions are made in the dossier before the formal review process begins.
  - Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on his or her dossier. This meeting is not an occasion to debate the candidate's record.
  - To make adequate copies of each candidate's dossier available in an accessible place for review by the eligible faculty at least two weeks before the meeting at which specific cases are to be discussed and voted.
  - Draft an analysis of the candidate's performance in teaching, scholarship and service to provide to the full eligible faculty with the dossier; and seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.
  - Revise the draft analysis of each case following the faculty meeting, to include the faculty vote and a summary of the faculty perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the department chair.
  - Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier.

### 3. ELIGIBLE FACULTY RESPONSIBILITIES

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

- To review thoroughly and objectively every candidate's dossier in advance of the meeting at which the candidate's case will be discussed.

- To attend all eligible faculty meetings except when circumstances beyond one's control prevent attendance; to participate in discussion of every case; and to vote.

#### **4. DEPARTMENT OF FAMILY MEDICINE 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.

#### **5. EXTERNAL EVALUATIONS**

External evaluations are obtained for all promotion and/or tenure reviews. As described above, a list of potential evaluators is assembled by the Promotion and Tenure Committee, the department chair, and the candidate. If the evaluators suggested by the candidate meet the criteria for credibility, a letter is requested from at

least one of those persons. Faculty Rule 3335-6-04 requires that no more than half the external evaluation letters in the dossier be written by persons suggested by the candidate.

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

- Is written by a person highly qualified to judge the candidate's 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.

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.

Templates for the solicitation of external letters of evaluation for faculty on each track in the College of Medicine may be found at:

<http://medicine.osu.edu/faculty/resources/admins/apptoolbox/pages/dossiercontent.aspx>

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. Additionally, it is highly recommended that faculty members consult the college's Dossier Standardization Guidelines for information about how and where to enter information into the core dossier in alignment with college objectives.

The following paragraphs provide suggested standards for documenting excellence in Teaching, Research and Scholarship, and Service. Additional standards are included in appendices attached to this document by individual departments, 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.

Each Department must specifically establish in its Appointments, Promotion and Tenure document, how evidence of a faculty member's quality and effectiveness as a teacher will be documented and assessed. Evidence for effective teaching may be collected from multiple different sources including students, peers, self-evaluation and administrators. Student evaluations and peer evaluations, at a minimum, are required. Excellence is demonstrated by positive evaluations from students, residents, fellows, local colleagues and national peers. Each Department must establish a consistent methodology and assessment tool for teacher evaluation by students in specific types of instructional settings. Importantly, administration of an assessment tool must not be under the control of the faculty member being evaluated. Faculty members may supplement the required assessment tool with others if they wish. Students must be provided an opportunity to assess the instructor and course using the required assessment tool in every classroom course. Guidelines must be established for the frequency with which required assessment tools should be administered in other types of instructional settings such as outpatient clinics, inpatient services, and the operating room. Regardless of the instructional setting, effort should be made to obtain

evaluations from the largest number of students possible. When there is a significant discrepancy between the number of students enrolled and the number providing evaluations, the evaluations cannot be assumed to represent a consensus of student opinion.

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

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

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

Each Department must have a well-delineated mechanism for peer evaluation of instruction that appropriately complements information received from students. This plan must indicate what form peer review will take, the purposes to be accomplished, who will conduct the review, and when and how often the review will take place. Responsibility for arranging for and carrying out peer review activities must rest with someone other than the faculty member whose teaching or teaching materials are to be reviewed.

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. Faculty members by OAA rule must have at a minimum of two

peer teaching evaluations since appointment or last promotion, whichever is more recent.

## **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.

The Department's Appointments, Promotion and Tenure document must specifically establish how the evidence of a faculty member's scholarship will be documented and assessed in terms of quality and significance.

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

Evidence of scholarship can include: peer reviewed journal articles, bulletins and technical reports, original books and monographs, edited books, chapters in edited books, editor reviewed journal articles, reviews and abstracts, papers in proceedings, unpublished scholarly presentations, externally funded research, funded training grants, other funding for academic work, prizes and awards for research or scholarly or creative work, major professional awards and commendations. Evidence of scholarship may also include invited lectures at other universities, symposia, and conferences; invention disclosures, patent activity, entrepreneurship, technology commercialization, software development; editorship of a major collection of research work; leadership of advanced seminars and symposia under organizational sponsorship; and invitations to serve on national review bodies. 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.

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**

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Faculty Rule 3335-6-05 (<http://trustees.osu.edu/university/facultyrules>) sets forth general criteria for appeals of negative promotion and tenure decisions. Appeals alleging improper evaluation are described in Faculty Rule 3335-5-05 (<http://trustees.osu.edu/university/facultyrules>).

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**

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

If a terminal year review is conducted by a Department and the College, it will be made consistent with that Department's 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. APPENDICES**

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### **A. GLOSSARY OF TERMS**

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

**APT – Appointments, Promotion and Tenure**

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

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

**Associated** – faculty that are not considered “.” These faculty fall into many sub-categories. (See also Clinical Associated Faculty, Adjunct Faculty, full-time Paid Associated)

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

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

**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 the position.

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

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

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

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

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

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

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



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

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

**OAA – Office of Academic Affairs**

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

**Penultimate year** – the next to last year of a contract, used to determine required Clinical and Research Faculty review dates

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

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

**Reappointment Review** – the review of a Clinical faculty 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.

**SEI – Student Evaluation of Instruction**

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

**Tenure Track** – the faculty track for basic scientists and physicians with a major focus of research-based scholarship.

**TIU – Tenure Initiating Unit**, usually synonymous with Department. Centers and Institutes are not Tenure Initiating Units (please see Appendix B for the complete list of TIUs)

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

## **B. 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. 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. Basic Science departments are indicated by an asterisks:

Anesthesiology (25110)  
Biomedical Education and Anatomy\* (25200)  
Biomedical Informatics\* (25100)  
Emergency Medicine (25120)  
Family Medicine (25130)  
Health and Rehabilitation Sciences, School of (25040)  
Internal Medicine (25250)  
Microbial Infection and Immunity\* (25170)  
Molecular & Cellular Biochemistry\* (25700)  
Molecular Virology, Immunology and Medical Genetics\* (25150)  
Neurology (25280)  
Neurological Surgery (25290)  
Neuroscience\* (25320)  
Obstetrics & Gynecology (25350)  
Ophthalmology (25400)  
Orthopaedics (25430)  
Otolaryngology (25450)  
Pathology (25500)  
Pediatrics (25550)  
Biological Chemistry and Pharmacology\* (25600)  
Physical Medicine and Rehabilitation (25650)  
Physiology and Cell Biology\* (25750)  
Plastic Surgery (25940)  
Psychiatry (25850)  
Radiation Oncology (25890)  
Radiology (25900)  
Surgery (25950)  
Urology (25970)

### **C. 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 associate professors on the clinical 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.

#### **D. 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.

#### **E. MEDICAL JOURNAL IMPACT FACTORS FOR FAMILY MEDICINE**

Journal	Impact Factor**
<i>Family Medicine</i>	1.172
<i>American Family Physician</i>	1.547
<i>Annals of Family Medicine</i>	5.434
<i>Journal of Family Practice</i>	.894
<i>Journal of the American Board of Family Medicine</i>	1.981
<i>Academic Medicine</i>	2.934
<i>Patient Education and Counseling</i>	2.199
<i>Primary Care</i>	1.146
<i>Annals of Internal Medicine</i>	17.81
<i>Medical Education</i>	0.0

\*Retrieved from ResearchGate

\*\* As of 09/23/2015