

organizations such as the American Association of Obstetricians and Gynecologists Foundation (AAOGF), the American Board of Obstetrics and Gynecology, the Gynecologic Oncology Group, the Society for Reproductive Medicine, and the Pregnancy Foundation of the Society for Maternal Fetal Medicine.

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

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

Although the total body of scholarship over the course of a career is considered in promotion and tenure decisions, the highest priority is placed on scholarly achievements performed while a faculty member at The Ohio State University. Evidence of scholarship below the specified range does not preclude a positive promotion decision and 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.

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

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion and tenure. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are also highly supportive of teaching excellence. A faculty member may also demonstrate significant contributions to teaching and training programs, such as curricular innovation, new teaching modalities or methods of evaluating teaching, and

program or course development. Development of innovative programs that integrate teaching, research and patient care are valued.

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

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

Table 1: Summary of Representative Metrics to Assess Promotion to the Rank of Associate Professor with Tenure.

Peer-review publications	Grants and Patents	Teaching	Service and National Role
25-30 peer reviewed publications with mean impact factor of the top 5 publications > the median of ObGyn & sub-specialty journal rank list, or an h-factor that exceeds the 35 th percentile of the h-factors of the Department's tenured professors. As a general guideline, 25 or more peer reviewed publications since appointment as an assistant professor at OSU.	1. PI or multiple-PD/PI on 1 funded R01 (or equivalent) that has been renewed, or 2. combination of a current or prior R01 <u>and</u> either a) a second R01 <u>or</u> b) an additional funded national grant; <u>or</u> c) patents generating licensing income; or d) industry or foundation-supported grants	Positive lecture / teaching evaluations from national audience; or K-award or similar awards Indicating mentorship teaching awards;	University committees and Leadership roles in professional societies and/or multiple <i>Ad hoc</i> or NIH study section membership; and/or service as a <i>journal</i> reviewer or on editorial boards.

The following section of the College Document is especially relevant to the Department of Obstetrics and Gynecology:

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% or more.
- 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 evidence of co-investigator status in one of the grant categories listed above as a prerequisite to tenure and/or a strong publication record (i.e., ≥ 50 peer review publications) coupled with clear evidence of a national reputation for clinical excellence and innovation.
- Similar accommodations can be made on the basis of educational commitments.

b. 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 in the College of Medicine among scholars with clinical roles prior to completion of the 11 year probationary period. A Department may propose a faculty member for promotion consideration (without tenure) in cases where a faculty member is making progress but has not achieved the necessary requirements for tenure. In addition faculty committees (at the Department 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 (moved from the promotion w/tenure section). Evidence of an emerging national recognition might include invitations to lecture at statewide or regional institutions or scientific meetings. Although the quality of scholarship is of the utmost importance, quantity is also important, and the record of accomplishment must demonstrate discovery of a substantial body of important, new knowledge.

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

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

Table 2 below provides a summary of expected benchmarks for promotion to associate professor without tenure.

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

Peer-review publications	Grants and Patents	Teaching	Service and National Role
10- 25 peer reviewed publications with mean impact factor of the top 3 publications > the median of ObGyn & sub-specialty journal rank list, or an h-factor that exceeds the 25 th percentile of the h-factors of the Department's tenured professors. As a general guideline, 15 or more peer reviewed publications since appointment as an	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 th and 18 th percentile for a new investigator, until average pay lines exceed 18%ile.	Teaching awards; and Consistently positive evaluations or positive lecture evaluations from national audience.	University committees plus: Leadership role in professional society or Ad hoc NIH study section membership or committee work for national society.

assistant professor at OSU.			
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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., ≥ 25 peer review publications) with emerging national reputation may be sufficient for promotion. Similar accommodations can be made on the basis of educational commitments.

C. PROMOTION TO PROFESSOR (TENURE-TRACK)

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 and quality 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 above the 50th percentile of professors of obstetrics and gynecology nationally, and/or more than 50 peer-review publications with an average impact factor that is above the 50th percentile for the Department list of publications, or at least 10 publications in journals that have an impact factor above the 75th percentile on the Department list. Candidates for promotion to professor should ideally have 25-35 peer-reviewed publications since their promotion to associate professor. Clear evidence of an international reputation including: election to a leadership position in an international society or repetitive appointments to a national office, service as a national committee or task force chair, chair of an NIH or other federal review panel, regular membership on an NIH study section, peer recognition or awards for research, and editorships and lectures in international venues. Candidates for promotion will be expected to have developed and maintained nationally competitive and peer reviewed extramural funding to support their research program including sustained NIH funding.

- At a minimum, basic science candidates for promotion to professor must be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH awards.
- For clinician scientists seeking promotion to professor accommodation, e.g., sustained funding from non-federal sources that results in publication, 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
50+ peer reviewed publications with mean impact factor of the top 10 publications above the 75 th centile of ObGyn or sub-specialty journal rank list, or an h-factor ≥ the 50 th percentile of h-factors of tenured professors in the Department. Ideally ≥ 25 peer-reviewed journal papers since promotion to associate professor.	Sustained federal funding > 5 years <u>plus</u> a) second significant national grant <u>or</u> b) a second or more simultaneous R01 or equivalent grant (e.g., project on a P01 or U54 project); <u>or</u> c) two or more patents yielding licensing income.	Teaching awards; consistently positive teaching evaluations or positive lecture evaluations from national audience; T32 or K-award mentorship.	University committees plus: Leadership role in national or international society, regular NIH study section membership or federal panel or committee work; Journal editor or 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, and less emphasis on traditional scholarship.

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

The awarding of promotion to the rank of Associate Professor for Clinical faculty is based upon convincing evidence that the candidate has developed a national level of prominence and recognition since being appointed to the rank of Assistant Professor. Faculty members on Clinical appointments in the Department typically pursue careers characterized by contributions to education, research, service, and patient care in one or more areas of emphasis that lead to local, regional and ultimately national recognition. Because careers in Obstetrics & Gynecology follow many paths toward improved reproductive health for women, from genetics to endocrinology, oncology, fertility, and pregnancy, the definition of “national recognition” in this Department takes many forms, unified by evidence of participation and contributions at a national level.

a. ASSOCIATE PROFESSOR, CLINICIAN SCHOLAR / EDUCATOR PATHWAY

A. Criteria for Appointment or Promotion to Associate Professor on the Clinician Scholar / Educator Pathway in Obstetrics & Gynecology

Appointment or promotion to the rank of Associate Professor in the Clinical – Clinician Scholar / Educator Pathway is based upon clear and convincing evidence that the candidate has developed a national level of prominence and recognition as a clinician scientist or educator since being appointed as an Assistant Professor.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated primarily by consistently positive evaluations by students, residents, fellows, local colleagues and national peers. Student and resident teaching evaluations are the most important teaching metrics in the Department of Obstetrics & Gynecology. Awards for teaching are also highly valued to demonstrate teaching excellence. Candidates should provide evidence of significant contributions to teaching and training

programs, such as curriculum innovation, new teaching modalities, methods of teaching evaluation, and program or course development. Development of 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 are highly valued as a teaching and mentoring activity. This includes didactic reaching and mentoring residents and fellows on research projects. Evidence of successful mentorship includes presentation and publication of mentored projects, and future academic success by mentees (eg, publications, funding, administrative positions).

Scholarship: The candidate should demonstrate contributions to scholarship as reflected by contributing authorship of 10 or more peer-reviewed journal publications, scholarly review articles, practice guidelines, journal editorials and reviews, and/or book chapters. Publications may be focused on:

- a) Educational advances in pedagogic theory, innovative teaching techniques, skills laboratories, or development of web-based or video-teaching modules,
- b) Clinical quality improvement projects such as those promoted by JCAHO, Leapfrog Group, or the Institute for Healthcare Improvement, or
- c) Participation in basic, translational or clinical research projects.
- d) Public health guidelines and reviews, webinars and web-based grand rounds

Collaborative, multidisciplinary research and team science are all highly valued, recognizing the importance of “middle” authorship, as long as the faculty member’s unique contribution can be discerned and is described in the narrative sections of the candidate’s dossier.

In the Department of Obstetrics & Gynecology, valuable contributions to clinical research trials may be made by clinical faculty who participate in efforts to design, adapt and/or integrate clinical trials into local care patterns, promote recruitment of subjects into observational and interventional studies, and/or contribute to authorship or review of research reports arising from such studies. These efforts serve the educational and research missions of the Department and the College, and thus should be recognized as meeting criteria for middle authorship.

Strong evidence to support promotion may include acquisition of external funding to support scholarship, a record of being co- investigators in foundation, industry or NIH studies, or leaders of quality improvement projects, or entrepreneurship and inventor-ship as described in Section VII [Criteria for promotion to Associate Professor with tenure] above.

Service: Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include membership on Department, College, hospital, or University committees, affirmative action or mentoring activities. Service in some form is expected from all faculty

members in the Department, and should be documented as sustained and focused on areas of educational, clinical, and scholarly activity.

For faculty in the Department of Obstetrics & Gynecology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to Associate Professor on the Clinical – Clinician Scholar / Educator Pathway in the areas of teaching, research and service:

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

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

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or Departmental teaching awards as voted by medical students and/or residents at Ohio State.
3. Participation in the development of new educational programs for teaching students or residents at Ohio State.
4. Local leader of a nationally funded or multi-institutional educational project.
5. Participation in the publication of material of a scientific or instructional nature or evidence of production of other forms of teaching material (e.g. videotape, computer programs, etc.).
6. Participation in teaching for local, regional and national professional organizations with high level lecture evaluations from national audiences
7. Participation in the development of educational materials or clinical materials for local, regional and national professional organizations.

Appointment or promotion as Associate Professor on the Clinician Scholar / Educator Pathway requires documentation of at least three of these accomplishments, including #1 or #2, and #3 or #4, and #5 or #6, or #7.

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

1. Publications in peer-reviewed journals. As a general guideline, appointment or promotion is supported by 10 peer reviewed publications of which the top 5 have a mean impact factor at the median(50th%tile) of obstetrics & gynecology specialty and subspecialty journals (Appendix 1 and 2) scholarly review articles, and/or web based or video teaching modules since being appointed as assistant professor at OSU.
2. Presentations of scholarly work at local, regional, national and international meetings. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.).

3. Local lead investigator of an educational grant, a multi-institutional educational program, or quality improvement project.
4. Contributions to the design, adaptation and/or integration of clinical trials into local care patterns, recruitment of subjects into research studies, and/or contributions as an author or reviewer of research manuscripts and reports.
5. Authorship of government-, agency- or foundation commissioned or supported reports, reviews, white papers, or chapters.
6. Participation as an investigator or co-investigator on at least one clinical trial or nationally funded grant unless the candidate has 25 or more publications and evidence of a national reputation.

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

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

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Evidence of a high-level of clinical competence as recognized by clinical outcomes and patient evaluations.
4. Active participation in divisional, Departmental, College, Health Sciences, Health System or Medical Staff and/or University committee functions.
5. Participation in the development of new programs or evidence based practice guidelines for the advancement of medical practice or patient care
6. Participation in committee activities for local, regional and national organizations.
7. Elected office in local, regional or national professional organizations.
8. Other meritorious community service activities.
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Maintenance of appropriate licensure and medical staff appointment(s).

(To reach the associate professor level, the faculty member is expected to achieve accomplishments #1, #2 (if applicable) #3, #4, #5, #8, and #9.)

Merged Summary of representative metrics used to assess suitability for promotion to Associate Professor in the Clinical appointment, -Clinician Scholar/Educator Pathway.

Peer-review publications	Grants and Patents	Teaching	Service
As a general guideline, 10 peer reviewed publications with mean impact factor of	Participation as an investigator or co-investigator on at least one clinical trial or other	Excellent Evaluations; Positive lecture	University committees; Committee work in professional

the top 5 publications at the median of ObGyn & sub-specialty journal rank list, scholarly review articles, and/or web based or video teaching modules since being appointed as assistant professor at OSU.	nationally funded grant Local leader or co-investigator of at least one educational grant or multi-institutional educational project or participation as the lead in new OSU educational programs unless ≥ 25 peer publications and national reputation are evident	evaluations from national audience; Teaching awards	organization; Director or Co-director of a Divisional or Departmental educational program; Lead of an OSU, local or regional quality improvement project.
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b. PROFESSOR, CLINICIAN SCHOLAR / EDUCATOR PATHWAY

Criteria for Appointment or Promotion to Professor on the Clinician Scholar / Educator Pathway in Obstetrics & Gynecology

Appointment or promotion to the rank of Professor in the Clinical – Clinician Scholar / Educator Pathway is based upon clear and convincing evidence that the candidate has developed a national level of leadership or international recognition as a clinician scientist or educator since being appointed as an Associate Professor. The Department places emphasis on a career path that has a clear focus, in which the candidate for promotion to Professor has achieved prominence in at least 3 of the 4 areas of activity (clinical care, teaching, service, and scholarship/entrepreneurship).

Teaching and Mentoring: A record of sustained teaching excellence as an Associate Professor must continue to justify promotion to Professor on the Clinician Scholar/Educator pathway in the Department. The faculty member should have made significant contributions to the teaching mission as an Associate Professor. Positive evaluations by students, residents, fellows, and teaching honors support this level of teaching excellence. Candidates should demonstrate their contributions to curriculum innovation, teaching modalities and program or course development.

Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued. Effective mentorship of junior faculty also demonstrates teaching excellence. This should take the form of a primary mentoring relationship, and not just *ad hoc* career coaching. Candidates should document mentoring relationships by providing mentees’ evaluations.

Service: Promotion to the rank of Professor requires service with distinction to the College of Medicine, OSU, and in a national context. The faculty member should have made significant service contributions as an Associate Professor. Candidates who led development of innovative clinical or clinical research programs that received national

recognition, or who were elected or named to lead learned academic educational or professional societies will be reviewed favorably.

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in clinical trials. See Table 7. Faculty members on this should ideally have been co-investigators on multiple NIH, Pharma, or major national clinical trials. Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VI.A. and will be viewed most favorably.

Table 7: Summary of representative metrics used to assess suitability for promotion to Professor in the Clinical appointment, -Clinician Scholar/Educator Pathway.

Peer-review publications	Grants and Patents	Teaching	Service
As a general guideline, 20 peer reviewed publications with mean impact factor of the top 10 publications above the 50 th percentile of ObGyn & sub-specialty journal rank list, scholarly review articles, and/or web based or video teaching modules since being appointed as associate professor at OSU.	Participation as an investigator or co-investigator on at least one clinical trial or other nationally funded grant Local leader or co-investigator of at least one educational grant or multi-institutional educational project or participation as the lead in new OSU educational programs unless ≥ 35 peer publications and national reputation are evident	Excellent Evaluations; Positive lecture evaluations from OSU students, residents, and national audience; Teaching awards	University committees; Committee work in professional organization; Director or Co-director of a Divisional or Departmental educational program; Lead of an OSU, local or regional quality improvement project.

Clinical Excellence Pathway

Associate Professor on the Clinical Excellence Pathway

Patient care and the scholarship of practice are the overwhelming areas of emphasis for individuals with heavy clinical responsibility. Promotion to the rank of Associate Professor on the Clinical Excellence Pathway for individuals without national recognition is based in the Department of Obstetrics & Gynecology upon clear and convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual faculty

member's scope or sphere of influence. Promotion is not granted on the basis of length of service to the Department or institution or on satisfactory job performance.

Important measures of Clinical Excellence include evidence that the faculty member has contributed to a change in the scope and the nature of practice in his or her own discipline, or has developed new and innovative approaches to the clinical management of challenging clinical problems. A faculty member who appears to qualify for this special circumstance should have consistently supportive annual evaluations and a more detailed review for reappointment in the penultimate year of contract.

For the Department of Obstetrics & Gynecology, the following specific accomplishments will characterize faculty worthy of promotion to Associate Professor on the Clinical Excellence Pathway in the areas of teaching, research and service:

Teaching (M.D., D.O.) Evidence of persistent commitment and engagement in teaching and ongoing development of teaching abilities, as reflected by:

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

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

Research and Scholarship (M.D., D.O;)

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

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

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

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Evidence of a high-level of clinical competence as demonstrated by patient mortality less than expected, 95% compliance with specialty specific process measures such as appropriate perioperative antibiotics, thromboembolism prophylaxis etc.
5. Clinical productivity as determined by the Department Chair.

6. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds.
7. Other meritorious community service activities.
8. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
9. Evidence of clinical excellence:
 - a) Patients from outside our primary service area regularly are referred specifically to, or seek care from the faculty member
 - a) Evidence that a faculty member is regularly consulted by physicians from outside our primary service area
 - c) Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member
 - b) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.
 - c) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
 - f) Evidence that the faculty member regularly participates as an instructor in regional or national courses or seminars.
 - g) Selection for Best Doctors lists.

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

1. Other meritorious community service activities
2. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

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

Professor on the Clinical Excellence Pathway

Promotion to the rank of Professor in the Clinical Excellence Pathway must be based upon clear and convincing evidence that that the candidate's work has had national impact and consistent recognition for clinical excellence and innovation since being appointed to the rank of Associate Professor. For promotion to Professor the candidate should have a high level of national reputation including referrals for clinical service, or involvement in national programs or specialty associations. Metrics should include consistent rankings among the Nation's elite in

the Castle and Connelly or U.S. News Physicians Survey or similar (Best Doctors, Inc.) or clear evidence that they receive patient referrals from throughout the State of Ohio or national awards for clinical excellence and innovation are clear indicators of achievement.

For the Department of Obstetrics & Gynecology, the following specific accomplishments characterize faculty eligible for promotion to Professor on the Clinical Excellence Pathway in the areas of teaching, research and service:

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

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

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

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

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

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

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

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

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Evidence of a high-level of clinical competence as demonstrated by patient mortality below expected, 95% compliance with specialty specific process measures such as appropriate perioperative antibiotics, thromboembolism prophylaxis etc. since promoted to associate professor
4. Evidence of a high level of patient service as demonstrated by patient satisfaction scores at or above the 90th percentile since promoted to associate professor

5. Clinical productivity as measured by work RVUs according to benchmarks at the 75th percentile or above since promoted to associate professor with full recovery of salary, retirement and benefits from clinical work.
6. Recognition in the Castle and Connelly or U.S. News Physicians Survey or similar (Best Doctors, Inc.) etc. or clear evidence that they receive patient referrals from throughout the State of Ohio or national awards for clinical excellence and innovation are clear indicators of achievement. (see #11)
8. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds
9. Other meritorious community service activities
10. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
11. Evidence of national reputation of clinical excellence:
 - a) Patients from outside our primary service area regularly are referred specifically to, or seek care from the faculty member
 - b) Evidence that a faculty member is regularly consulted by physicians from outside our primary service area
 - c) Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member
 - d) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.
 - e) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
 - f) Evidence that the faculty member regularly participates as an instructor in regional or national courses or seminars.
 - g) Selection for Best Doctors lists.

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

4. PROMOTION OF RESEARCH FACULTY

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

a. ASSOCIATE

Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and 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. Other nationally competitive, peer reviewed funding, including support from national charitable foundations (*e.g.*, American Heart Association or American Cancer Society), industry, or federal entities such as the CDC and the NSF will satisfy the criterion for nationally competitive peer reviewed funding should evidence exist for a sustained record of funding from these types of agencies. Faculty members are encouraged to collaborate with other investigators and may therefore meet the requirement for extramural support for their research as a co-investigator on NIH awards, or other comparable roles on awards from private foundations. Funding through pharmaceutical or instrumentation companies for investigator initiated proposals, or as local principal investigator for multi-center trials also meets the requirement of extramural funding. Similarly, faculty members who generate support for their research programs through their contribution to the creation of patents with associated license-derived income or spin-off companies also meet the criteria for extramural funding. It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources.

Specific metrics in support of excellence in scholarship may be discipline-specific. Therefore, each Department will define in their formal Appointments, Promotion and Tenure document, an acceptable range of scholarly productivity, and must explicitly balance qualitative and quantitative accomplishments to guide promotion and tenure decisions. Examples of discipline specific considerations include publications in highly specialized journals that may have high impact in the field, but a relatively low overall impact factor and citation index. In addition, levels of productivity in disciplines may vary substantially and this variation must be appropriately acknowledged.

Overall, the number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. Publication as at least a co-author in the field's highest impact factor journals is an important variable that converges with other factors such as the extent of external funding, invited lectures, invited manuscripts, editorial boards, peer-review panels, and external letters of evaluation in the decision to promote. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.

Entrepreneurship is a special form of scholarship valued by the College of Medicine. Entrepreneurship includes, but may not be limited to, invention disclosures, software development, materials transfers (*e.g.*, novel plasmids, transgenic animals, cell lines, antibodies, and similar reagents), technology commercialization, patent and copyrights, formation of startup companies and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the College of Medicine will analyze these flexibly. Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer-reviewed manuscript, licensing activities that generate revenues should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. These entrepreneurial activities will be recognized as scholarly or service activities in the promotion dossier.

b. PROFESSOR

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

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

B. PROMOTION AND TENURE, AND PROMOTION REVIEW: PROCEDURES

Each Department must describe in detail the procedures for promotion and tenure, and promotion reviews, as part of its Appointments, Promotion and Tenure document. These

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

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

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

1. CANDIDATE RESPONSIBILITIES

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

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

2. PROMOTION AND TENURE COMMITTEE RESPONSIBILITIES

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

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually, in spring semester, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only professors on the committee may

consider promotion review requests to the rank of professor. A simple majority of those eligible to vote on a request must vote affirmatively for the review to proceed.

- The committee bases its decision on assessment of the record as presented in the faculty member's CV and on a determination of the availability of all required documentation for a full review (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.

h) 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.

i) DEPARTMENT CHAIR RESPONSIBILITIES

The responsibilities of the Department chair are as follows:

- Where relevant, to verify the prospective candidate's residency status. Faculty are not eligible for tenure or tenure review if they do not have citizenship or permanent residency status.
- **Late Spring Semester:** To solicit external evaluations from a list including names suggested by the Promotion and Tenure Committee, the chair and the candidate. (Also see External Evaluations below.)
- To solicit an evaluation from a TIU head of any Department with which the candidate has a joint appointment.
- To remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.

- To provide an independent written evaluation and recommendation for each candidate, following receipt of the eligible faculty's completed evaluation and recommendation.
- To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the Department review process:
 - of the recommendations by the eligible faculty and Department chair
 - of the availability for review of the written evaluations by the eligible faculty and Department chair
 - Of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the Department chair, for inclusion in the dossier.
- To provide a written response to any candidate comments that warrants response for inclusion in the dossier.
- To forward the completed dossier to the college office by that office's deadline, except in the case of associated faculty for whom the Department chair recommends against promotion. A negative recommendation by the Department chair is final in such cases.
- To write an evaluation and recommendation to the Department chair of a tenure initiating unit recommending promotion for a joint appointee by the date requested.

j) 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 in the College of Medicine may be found at:

<http://medicine.osu.edu/faculty/resources/admins/appttoolbox/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, 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 regular classroom course. Guidelines must be established for the frequency with which required assessment tools should be administered in other types of instructional settings such as outpatient clinics, inpatient services, and the operating room. Regardless of the instructional setting, effort should be made to obtain evaluations from the largest number of students possible. When there is a significant discrepancy between the number of students enrolled and the number providing evaluations, the evaluations cannot be assumed to represent a consensus of student opinion.

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

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

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

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.

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

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

VIII. APPEALS

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

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

IX. REVIEWS IN THE FINAL YEAR OF PROBATION

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

If a terminal year review is conducted by 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

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 appointed on the tenure track or as clinical or research faculty. These faculty fall into many sub-categories. (See also Clinical Associated Faculty, Adjunct Faculty, full-time Paid Associated)

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

Clinical faculty – the faculty for 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

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

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

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

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

Mandatory review – a required 4th year, 8th year, tenure review, or reappointment review

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

Non-mandatory review – voluntary promotion or tenure review

OAA – Office of Academic Affairs

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

Penultimate year – the next to last year of a contract, used to determine required clinical and research 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 faculty member on the Tenure-track has to achieve tenure (6 years for faculty without clinical service, 11 years for faculty with significant patient clinical service responsibilities). It is also defined as the first contract for faculty on the Clinical or Research .

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

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

Research in View – the University’s online dossier and CV creation tool (see <https://osu.researchinview.thomsonreuters.com/>)

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. The School of Health and Rehabilitation Sciences is also a Tenure Initiating Unit. Divisions are not TIUs. Neither are Centers or Institutes, i.e. the Davis Heart & Lung Research Institute, the Comprehensive Cancer Center, or the Center for Microbial Interface Biology.

Below is the list of all of the Tenure Initiating Units in the College of Medicine with their Org numbers. Basic Science Departments are indicated by an asterisks:

Anesthesiology (25110)
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)
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. FACULTY RANK TITLE CODES

This [chart](#) demonstrates the various types of appointments, job codes, job titles, and academic ranks that are available to faculty positions.

E. 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.

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