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## **6. Courtesy Appointments for Faculty**

Courtesy appointments for faculty with appointments in other tenure initiating units should be suggested only when criteria described in section IV have been clearly met. These appointments will not require a formalized search process and should be made only upon recommendation of the division chief (if applicable) with the approval of the Promotion and Tenure Committee and the Chair.

## **V. Annual Review Procedures**

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.

### **Procedures for Tenure-track, Clinical Faculty (including Clinical Excellence Pathway), Research Faculty, and Full-time Paid Associated Faculty**

The faculty member must maintain an up-to-date *Research in View* profile and/or keep a recent curriculum vitae on record with the Department. The Department Chair or his or her designee Vice-Chair or Division Chief will supply each faculty member with a written evaluation of his or her performance, in narrative format. The review will include not only an evaluation of all aspects of the faculty member's performance, but also recommendations for improvement and goals for the following year. Annual reviews must include a scheduled face-to-face meeting with Chair or his or her designee Vice-Chair or Division Chief. If the Chair's designee Vice-Chair or Division Chief conducts the annual review, there must be a mechanism for informing the Chair of the faculty member's performance.

Procedures regarding annual reviews and promotion reviews shall be the same for tenure-track, clinical, research faculty except that the college dean's decision is final with respect to reappointment, non-reappointment and denial of promotion for faculty on clinical and research appointments. External evaluations are required for all applications for promotion except as specified in the subsequent paragraphs. Guidelines from the College of Medicine and the University regarding external evaluations must be followed.

#### **A. Probationary Tenure-track Faculty**

An appointment to the rank of Instructor or Assistant Professor, Tenure-track is always probationary, and tenure will not be awarded at this rank. The maximum probationary period will

be dependent upon whether the faculty member has patient clinical service responsibilities as determined by the Department Chair in consultation with the College of Medicine.

For faculty members with patient clinical service responsibility, the probationary period for an Assistant Professor may not exceed 11 years (including prior service credit). An Assistant Professor is reviewed for promotion and tenure no later than the eleventh year of appointment as an Assistant Professor, and informed by the end of the eleventh year as to whether promotion and tenure will be granted at the beginning of the twelfth year. For individuals not recommended for promotion and tenure after the mandatory review, a twelfth and final year of employment will be offered.

For faculty members without patient clinical service responsibility, the maximum probationary period will be six years. An Assistant Professor is reviewed for promotion and tenure no later than the sixth year of appointment as an Assistant Professor, and informed by the end of that year as to whether promotion and tenure will be granted at the beginning of the seventh year. For individuals not recommended for promotion and tenure after the mandatory review, a seventh and final year of employment will be offered. It is anticipated that not all faculty members will require the full probationary period, and that, consistent with 3335-6-03(B2), promotion and tenure may be granted at any time during the probationary period if the faculty member's record of achievement merits tenure and promotion. Similarly, a probationary period may be terminated at any time, subject to the notice provisions of University Rule 3335-6-08 and the provisions of paragraphs (G), (H), and (I) of this rule. In all circumstances, annual review and fourth year review procedures, as specified in University Rule 3335-6-03(C), will be followed.

For each appointment, the projected schedule of promotion and tenure reviews will be stipulated in the letter of offer.

As part of the annual review process, the faculty member's completed file will be reviewed by the Chair or his/her designee (e.g., Vice-Chair or Division Chief). It will be evaluated to determine if the faculty member has met or exceeded the minimal standards of academic performance for the Department of Urology, as outlined in the Faculty Workload Policy (available in the Department of Urology Pattern of Administration). The Chair, designee Vice-Chair or Division Chief will provide a written appraisal of the faculty member's performance which directly addresses the quality and amount of achievement in each of the categories of information in the file. This evaluation will define strengths and weaknesses of faculty member performance, and it will provide recommendations for the ensuing year. Progress toward recommendations from the previous year should be discussed. A final statement should provide an overall evaluation of the faculty member's performance, describe the faculty member's suitability for his/her chosen academic track and potential for future promotion/tenure, and make a recommendation regarding reappointment for the following academic year. The statement and recommendations will be presented to the faculty member for review, and a formal, face-to-face meeting will be scheduled for discussion of the review.

The faculty member may respond in writing to issues raised during the annual review. All review letters and written faculty responses shall become a permanent part of the faculty member's dossier, and will be considered during subsequent annual reviews, including the review for promotion and tenure. At the completion of the review, the chair will provide the dean of the College with a copy of the written evaluation of the faculty member's performance and professional development, and the indication of whether the faculty member will be reappointed for the next year.

If the Chair concludes that nonrenewal of the appointment should be considered, fourth year review procedures (see details below) must be followed (even if this is not a fourth or eighth year review). The full eligible faculty must vote on the matter, and if the Chair recommends nonrenewal, the comments process must be undertaken and then the case forwarded to the dean for college level review. The dean shall make the final decision in the matter.

In the event that both the Promotion and Tenure Committee and the Chair recommend renewal, no faculty vote is necessary.

If, during an annual review process, it becomes apparent that the candidate could stand for promotion consideration, the candidate will be informed of this recommendation by the Promotion and Tenure Committee or the Department Chair. The candidate may then initiate effort to seek promotion if desired.

### **1. Fourth-Year Review**

Each faculty member in the fourth year of probationary service must undergo a more comprehensive review utilizing the same process as the review for tenure and promotion, with two exceptions: external letters of evaluation will not be solicited, and review by the College of Medicine Promotion and Tenure Advisory Committee is not mandatory. The objective of this review will be to determine if adequate progress towards the achievement of promotion and tenure is being made by the candidate.

When the Department Chair and Dean agree on a positive decision to continue the probationary appointment, review by the College Appointment, Promotion and Tenure Advisory Committee is not required.

If the Department Chair recommends nonrenewal of a faculty member's probationary contract, subject to the standards of notice per University Rule 3335-6-08, the College Appointment, Promotion and Tenure Advisory Committee is required to review the case and vote. This result is presented to the Dean, who makes the final decision.

If the Department Chair recommends renewal of a faculty member's probationary contract, but the Dean recommends nonrenewal, the case will be referred to the College Appointment, Promotion and Tenure Advisory Committee, which will review the case, vote and make a recommendation to the Dean.

In all cases, the Dean will confer with the Chair before making a final decision and will inform the faculty in writing if the decision is in disagreement with theirs.

### **2. Eighth Year Review**

Faculty members with an 11 year probationary period who have not achieved promotion and tenure by the eighth year will undergo a formal eighth year review, utilizing the same principles and procedures as the fourth year review.

### **3. Exclusion of Time from Probationary Period**

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



- (a) An untenured tenure-track faculty member will have time excluded from the probationary period in increments of one year to reflect the caregiving responsibilities associated with the birth of a child or adoption of a child under age six. Department chairs or school directors will inform the Office of Academic Affairs within one year of the birth of a child or the adoption of a child under age six of a probationary faculty member unless the exclusion of time is prohibited by paragraph (D)(3) of this rule. The probationary faculty member may choose to decline the one-year exclusion of time from the probationary period granted for the birth or adoption of a child under six years of age by so informing her/his Department head, Dean, and the Office of Academic Affairs in writing before April 1 of the new mandatory review year following granting of the declination. The exclusion of time granted under this provision in no way limits the award of promotion and tenure prior to the mandatory review year (see paragraph (D)(2) of this rule). The maximum amount of time that can be excluded from the probationary period per birth event or adoption of children under age six is one year.
- (b) A probationary tenure-track faculty member may apply to exclude time from the probationary period in increments of one year because of personal illness, care of a seriously ill or injured person, an unpaid leave of absence, or factors beyond the faculty member's control that hinder the performance of the usual range of duties associated with being a successful university faculty member, i.e., teaching, scholarship, or service. Requests to exclude time from the probationary period made under the terms of this paragraph must be submitted to the chair of the Department. Requests will be reviewed by the Department's promotion and tenure committee which will advise the Department Chair regarding their appropriateness. Such requests require approval by the Department Chair, Dean, and Executive Vice President and Provost. A request to exclude time from the probationary period for any of these reasons must be made prior to April 1 of the year in which the mandatory review for tenure must occur. The extent to which the event leading to the request was beyond the faculty member's control, the extent to which it interfered with the faculty member's ability to be productive and the faculty member's accomplishments up to the time of the request will be considered in the review of the request.
- (c) A request to exclude time from the probationary period for any reason will not be granted after a non-renewal notice has been issued nor will previously approved requests to exclude time from the probationary period in any way limit the university's right not to renew a probationary appointment.
- (d) Except in extraordinary circumstances, a maximum of three years can be excluded from the probationary period for any reason or combination of reasons for an instructor, assistant professor or associate professor. Exceptions require the approval of the Tenure Initiating Unit chair, dean, and executive vice president and provost.
- (e) Faculty members will be reviewed annually during their probationary periods regardless of whether time is excluded from that period for any of the above reasons unless their absence from campus during an excluded period makes conduct of such a review impractical.
- (f) For purposes of performance reviews of probationary faculty, the length of the probationary period is the actual number of years of employment at this university

less any years of service excluded from the probationary period under the terms of this rule. Expectations for productivity during the probationary period cannot be increased as a consequence of exclusions of time granted under the terms of this rule.

## **B. Tenured Faculty**

A written annual review of each tenured faculty member and a meeting with the chair is required. The purpose of the annual review for tenured faculty is to assist in developing and implementing professional plans, discussing accomplishments, identifying performance problems should they exist, evaluating progress toward promotion, and serving as a basis for annual salary recommendations. The review process will follow the same guidelines and utilize the same form of documentation outlined for probationary faculty.

## **C. Clinical Faculty**

The initial contract of all Clinical Faculty is probationary regardless of academic rank at hire, or prior service if the faculty member had another type of appointment. Subsequent contracts are not probationary, but there is no presumption of reappointment.

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

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

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

## **D. Research Faculty**

The initial contract of all Research Faculty is probationary regardless of academic rank at hire, or prior service if the faculty member had another type of appointment. Subsequent contracts are not probationary, but there is no presumption of reappointment.

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

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

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

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

### **E. Associated Faculty**

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

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

## **VI. Merit Salary Increases and Other Rewards**

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

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

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

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

### **A. Criteria**

Merit salary increases will be based upon performance of the faculty member in relation to the Department Workload Policy (included in the Department of Urology Pattern of Administration) and the expectations outlined in the faculty member's previous annual review by the Chair. The principal basis for salary increase will be the performance in the previous year. A lesser influence shall be the aggregate performance over several prior years. (For example, a faculty

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

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

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

B - represents Above Average Performance. The faculty member shall have exceeded the expectation outlined in the Workload Policy and in the Annual Review Recommendations. This performance may be characterized by multiple publications, teaching awards, achievement of outside funding or other meritorious service accomplishments.

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

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

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

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

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

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

For research faculty, accomplishments in research publication and funding will be accorded greatest importance. Accomplishments in basic research are required. The same standards as described for levels A, B, C, D and E for tenure-track faculty, shall be applied to research faculty

except for those descriptions which reference teaching and clinical service. The descriptions which reference basic research activity shall be the sole criteria used for merit salary increases of research faculty.

## **B. Procedures**

Each faculty member must undergo an annual review utilizing the principles outlined in Section V of this document. The review must be in written form for all faculty members except those in Associated faculty. The review will compare the faculty member's performance to the expectations described in Section VI.A above and to those recorded in the relevant Appointments, Promotion and Tenure document, and then recommend an appropriate level of merit salary increase (if any). Other rewards will be determined in a similar manner.

Evaluation for merit salary increase for each faculty member shall be performed initially by the division director, and then confirmed by the Chair. When performing the review, the division director shall consult workload policy and previous annual reviews. The faculty member may appeal the assigned level as described below.

## **C. Documentation**

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

### **1. Teaching**

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

### **2. Research**

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

### **3. Service**

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

## **VII. Promotion and Tenure and Promotion Reviews**

Outlined below are the Department of Urology's formal criteria for academic advancement, including promotion and awarding of tenure.

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.

The quantity and quality of publications will be used to assess scholarship. To assess the quality for the basic scientists including PhD and MD with no clinical responsibility, the H index and impact factors as specified in the College of Medicine APT document will be applied. To assess the quality for clinically active faculty, we will calculate the mean impact factor of the individual's top ten publications and will employ the Department of Urology journal rank list (Appendix 1). From this list we will determine the quality benchmark (either the median or 75<sup>th</sup> percentile depending on rank, appointment type, and clinical effort) to be used as a target goal for the mean impact factor of the candidate's top ten publications and as a guide for promotion and tenure decisions. The list of publications will be revised every four years.

Although citizenship and collegiality cannot be used as an independent criterion for promotion or tenure, these positive attributes characterize the ability of a faculty member to effectively contribute to exemplary scholarship, teaching and service. A commitment to these values and principles can be demonstrated by constructive responses to and participation in 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. The Department will evaluate these behaviors by assessing an individual's conformance with the "Statement of Professional Ethics" of the American Association of University Professors.

NOTE: In all sections which list separate standards for faculty members with different levels of clinical responsibility (e.g., "between 25% and 50% Clinical FTE), those individuals with LESS THAN 25% Clinical FTE will be considered in the same category as those without any clinical responsibilities.

## **A. Criteria**

### **1. Promotion to Associate Professor with Tenure**

The awarding of tenure is a prediction of ongoing preeminence and achievement throughout the professional life of the faculty member. 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 clear and sustained evidence of excellence in the discovery and dissemination of new knowledge, as demonstrated by a national level of significance and recognition of scholarship. In addition, excellence in teaching and outstanding service to the Department, the College and the University is required, but alone is not sufficient for promotion and awarding of tenure. These three key achievements: scholarship, teaching and service, are individually discussed below.

Teaching: A distinctive record of teaching and mentoring excellence is required for promotion and tenure. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors

are also supportive of teaching excellence. A faculty member may also demonstrate favorable impact on teaching and training programs, including curricular innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of impactful, innovative programs that integrate teaching, research and patient care are valued.

Teaching excellence may be demonstrated through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards is highly valued as a teaching and mentoring activity.

Research and 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, development and successful commercialization of intellectual property, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, and implementation science, among many potential others. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.

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 other national/international grant review panels, service on editorial board of major scientific journals, 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.

The development of a competitive, innovative and distinctive program of scholarship is also evidenced by acquisition of peer-reviewed, nationally competitive extramural support as a principal investigator, multiple investigator, or co-investigator. To encourage team science, principal investigator and co-principal investigator will be assigned equal credit for all purposes. Similarly, status as principal investigator or major effort (20% or greater) as co-investigator of a project or a program grant is an acceptable criterion for extramural funding.

Although funding by the National Institutes of Health as a principal investigator is highly desirable, it is not required for promotion and/or tenure for those faculty who are assigned 50% or more time to clinical or educational responsibilities in the College of Medicine or the Department of Urology. For faculty with  $\geq .5$  Clinical FTE funding as a major effort Co-Investigator on a grant from the NIH or equivalent granting agency is highly desirable. Other nationally competitive, peer reviewed funding, including support from national charitable foundations (e.g. American Cancer Society, American Heart Association), industry, or federal entities such as the Centers for Disease Control and

Prevention and the National Science Foundation will satisfy the criterion for nationally competitive peer reviewed funding for all faculty. Faculty members with lesser clinical responsibility (between 25% to 50%) will have intermediate level requirements (see specific standards listed below). Faculty members with clinical responsibilities of less than 25% FTE will be considered in the same category as those without any clinical responsibilities.

Faculty members are encouraged to collaborate with other investigators and may, under certain circumstances, meet the requirement for extramural support for their research as a co-investigator, or other comparable role. Funding through pharmaceutical or instrumentation companies for investigator initiated proposals, or as local principal investigator for multi-center trials also meets the requirement of nationally competitive extramural funding as long as the funding magnitude is major exceeding \$200,000 per year as expected for NIH RO1. A lower magnitude of funding will earn productivity credit but not comparable to that of a RO1. Similarly, faculty members who generate support for their research programs through creation of spin-off companies or development of intellectual property also meet the criteria for extramural funding.

Evidence of sustained or multiple grant support is another crucial indicator of expertise in the field. Candidates for promotion to associate professor with tenure who are without significant clinical responsibilities must have obtained NIH or equivalent funding as a principal investigator (PI) on an R01 or as one of several program directors or principal investigators on a large NIH grant (multiple-PD/PI) (*i.e.*, multicenter R01 or equivalent such as a project on a P01, U54), or equivalent funding from the National Science Foundation (NSF) or have obtained a mid-career K award. They should ideally have demonstrated sustainability of their research program by renewal of the NIH award and/or by garnering a second distinct NIH grant and/or another nationally competitive, peer reviewed grants. The latter may include support from prominent national charitable foundations (*e.g.*, American Heart Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. Contribution as major effort co-investigator on a major RO1 scale award will also count as evidence supporting sustainability of research program. Salary recovery is expected as outlined in the subsequent sections. The maximum expected salary recovery for a faculty member with a research focus is the NIH cap.

The Department acknowledges that there may be situations in which a faculty member develops a productive, nationally renowned program of scholarship without having obtained nationally competitive peer reviewed funding. Such a situation is anticipated to be exceedingly infrequent, however and is limited to faculty with 50% or more time assigned to clinical or educational duties

Overall, the number of publications required for awarding of promotion and tenure should be consistent with Department Workload policies, and sufficient to persuasively characterize faculty members' influence in discovery of new knowledge in their fields. Thus, both quality and quantity are important considerations. Publication as first or senior author in the field's highest impact factor journals is an important variable that 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 and award tenure. It should be noted that there are



highly specialized journals that may have high impact in the field, but a relatively low overall impact factor and citation index. Although the total body of scholarship over the course of a career is considered in promotion and tenure decisions, the highest priority is placed on scholarly achievements while a faculty member at Ohio State University. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or in the context of poor performance in other areas.

Entrepreneurship is a special form of scholarship valued by the 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 Department 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.

Service: Service is broadly defined to include administrative service to the Department, the College or the University, exemplary patient care, program development, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to Department, College of Medicine, hospital, and/or University committees and affirmative action or mentoring activities. Evidence of professional service to the faculty member's discipline can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes: reviewers of proposals, external examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

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

Teaching (MD, DO or equivalent)

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

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.
3. Participation in the development of new educational programs for teaching students or residents at Ohio State.
4. K-Award mentorship

5. Participation in the publication of material of an instructional nature or evidence of production of other forms of teaching material (e.g. videotape, computer programs, etc.)
6. Participation in teaching for local, regional and national professional organizations.
7. Participation in the development of educational materials for local, regional and national professional organizations.

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

#### Teaching (PhD)

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

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

(To reach the associate professor level the faculty member is expected to achieve accomplishment in #1 and #2, at a minimum.)

#### Research and Scholarship (MD, DO or equivalent)

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

1. Multiple publications in peer-reviewed journals (numbers consistent with quantitative standards of department).
2. Peer reviewed publications in prestigious journals, many of which are first-authored or senior authored.
  - a) As a guideline the successful MD (or equivalent) faculty candidate with no clinical responsibility should have 25-50 publications with 25-35 occurring since the OSU appointment in journals with an average impact factor of 3-6 or an H-Index of 18 or above.
  - b) For faculty members with moderate clinical responsibilities (greater than 25% and less than 50% clinical responsibility), the successful candidate

should have 20 to 40 publications, with 15-30 occurring since the OSU appointment. The mean impact factor of the top ten publications should be at or above 75th percentile of impact factors of journals in which the specific surgical disciplines in the Department publish. The list of journals is attached as Appendix 1. The list will be updated every 4 years. The Faculty members are encouraged to publish in other scientific journals of comparable or higher impact factor as well.

- c) For faculty members with significant clinical responsibilities (50% or greater clinical responsibility), the successful candidate should have 18-25 publications, with 15 to 20 occurring since the date of the OSU appointment, in journals listed in Appendix 1 or other scientific journals. The successful candidate should have an average impact factor for the top ten publications at the 75<sup>th</sup> percentile of the department list, and one third as first or senior authored publications.
3. Presentations of scholarly work at local, regional, national or international forums.
  4. Funded grant(s) from national or international sources at cumulative monetary levels equivalent to an R-01, or patents generating licensing income. Team science is strongly encouraged.
    - a) The ideal candidate with no clinical responsibility will be the PI or multiple PD/PI on one funded RO1 (or equivalent) plus: either a second RO1 or an additional funded national grant, or have patents generating licensing income. The ideal candidate will have salary recovery of 70% with a minimum acceptable level of 50%.
    - b) The ideal candidate with greater than 25% and less than 50% clinical responsibility will be the PI or Multiple PD/PI on one funded RO1 or comparable national grant, or have patents generating licensing income. For these individuals, the ideal salary recovery will be 50% with the minimal acceptable salary recovery of 25% .
    - c) Faculty members with 50% or greater clinical responsibility should have participation in extramural funding as a major Co-Investigator or be involved in clinical trials as a PI or Co-PI. For these faculty members, an NIH grant or equivalent is not required for promotion. The faculty member with  $\geq .5$  cFTE has no requirement for salary recovery but it is considered desirable.
  5. Development of an area of research or scholarship with national recognition.
  6. Service on editorial board of journal(s).
  7. Publications of book(s).
  8. Publication of chapter(s) in books.

(To reach the associate professor level with tenure the faculty member is expected to achieve 6 accomplishments including #1, # 2, #3, #4 and #5 at a minimum.)

#### Research and Scholarship (PhD)

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

1. Regular publication in peer-reviewed journals the majority of which are first or senior authored.
  - a) As a guideline the successful candidate should have 25-50 publications with 25-35 occurring since the OSU appointment in journals with an average impact factor of 3-6 or an H-Index of 18 or above.
2. Presentation of scholarly works at multiple, national or international forums.

3. Peer-reviewed research funding from national sources at monetary levels indicative of competitive research significance as evidenced by the following: Principle investigator on at least one R-01 equivalent or patents that generate licensing income combined with significant contributions of effort as co-investigator on multiple grants may be considered.
  - a) The ideal candidate with no clinical responsibility will have salary recovery of 70% with a minimum acceptable level of 50%.
  - b) The ideal candidate with a faculty member with clinical duties  $> .25$  and  $< .5$  cFTE will have salary recovery of 50% with the minimal acceptable salary recovery of 25%.
  - c) The faculty member with  $\geq .5$  cFTE has no requirement for salary recovery but it is considered ideal.
4. Development of a growing national reputation for research in one or more areas of importance to the scientific discipline.
5. Service on the editorial board of professional journal(s).
6. Service on grant review boards for local, regional, national or international funding organizations.
7. Retention as consultant by professional or commercial organizations.
8. Publication of books or book chapters.

(To reach the associate professor level with tenure the faculty member is expected to achieve accomplishment #1, #2, #3, #4, and #5 or #6, at a minimum. A faculty member with greater than 50% commitment to clinical activities is expected to achieve accomplishment in #1, #2, #3, and #4.)

Service (MD, DO or equivalent)

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

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

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

Service (PhD)

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

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

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

## **2. Promotion to Associate Professor without Tenure**

Under unusual circumstances the Department may choose to offer promotion to the rank of associate professor without tenure. Candidates for such a promotion will have a level and pattern of achievement that demonstrates that the candidate is making progress toward, but has not yet achieved all of the stated criteria for promotion with tenure. In the Department of Urology this title will be restricted to physician (MD, DO) candidates.

Specific criteria for this type of promotion will be based on a modification of the criteria listed in section VII.A.3. These special criteria for promotion to **Associate Professor without tenure**, in the Department of Urology, are listed below:

### Teaching (MD, DO or equivalent)

Identical to promotion with tenure.

### Research and Scholarship (MD, DO or equivalent)

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

1. Multiple publications in peer-reviewed journals (numbers consistent with quantitative standards of Department).
2. Peer reviewed publications in prestigious journals, many of which are first-authored or senior authored
  - a) As a guideline, the successful MD (or equivalent) faculty member with no clinical responsibility should have 20-40 publications with 20-30 occurring since the OSU appointment in journals with an average impact factor of 3-6 or an H-Index of 18 or above.
  - b) As a guideline the successful candidate with between 25% and 50% clinical responsibility should have 15-25 publications with 12-20 occurring since the OSU appointment. The mean impact factor of the candidate's top ten publications should be at or above 75<sup>th</sup> percentile of impact factors of journals listed in Appendix 1. The faculty members are encouraged to publish in other scientific journals as well.
  - c) For faculty members with significant clinical responsibility (50 % or greater effort) the minimum number of publications should be 15-20, with 10-15

occurring since the date of the OSU appointment. The mean impact factor should be at the median of the impact factors of journals listed in Appendix 1.

3. Presentations of scholarly work at local, regional, national or international meetings.
4. Funded grant from national or international sources.
  - a) The ideal candidate with no clinical responsibility will be PI on an R 21, R03 or equivalent or a co-investigator on a R01 or equivalent award, PI of a clinical trial or industry grant, have patent/inventorship, or unfunded R01 with score between 10<sup>th</sup> and 25<sup>th</sup> percentile. The ideal candidate will have salary recovery of 50% with a minimum of 25%;
  - b) For cFTE between 25% and 50%, the ideal candidate will be co-PI on R21, RO3 or equivalent, and have salary recovery of 25% with a minimum of 10%;
  - c) For a faculty member with 50% or greater clinical effort, the individual will have participation as a co-investigator on any grant, including industry. Grant participation may not be necessary should there be evidence of 25 or more peer reviewed publications and a national reputation. There is no requirement for salary recovery.
5. Development of an area of research or scholarship with growing national recognition.
6. Service on editorial board of journal(s).
7. Publications of book(s).
8. Publication of chapter(s) in books.

(To reach the associate professor level without tenure the faculty member is expected to achieve 6 of these accomplishments: including #1, #2, #3, #4 and #5 at a minimum.)

Service (MD, DO or equivalent)

Identical to promotion with tenure

### **3. Promotion to Professor (Tenure-track)**

Awarding promotion to the rank of Professor with tenure must be based upon clear and unambiguous 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.

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

Research and 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. For example, 50 to 70 peer-review publications with an average impact factor of 3 to 6. Candidates for promotion to professor should ideally have 25-35 peer-reviewed publications since their promotion to associate professor. Clear evidence of a national reputation including: election to membership to senior academic organizations with competitive membership, election to a leadership position to a national organization, 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. The requirement for competitive renewal may be replaced by the funding of an industry grant as PI. For clinician scientists seeking promotion to professor accommodation should be made in their grant requirements based on their clinical duties.

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

The following will constitute accomplishments characteristic of individuals worthy of promotion to **professor** in the areas of teaching, research, service.

Teaching (MD, DO or equivalent)

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

1. Consistently high level evaluation of teaching performance by students, residents and peers.
2. Evidence of regular participation in the educational process within the division, department or college.
3. College of Medicine teaching awards as voted by medical students and/or residents.
4. Leadership role in the development of new educational programs for teaching students and residents at Ohio State.
5. Leadership role in publication of material of an instructional nature or in production of other forms of teaching material.
6. Development of innovative teaching techniques and vehicles.
7. Leadership role in teaching for local and regional professional organizations.  
Participation in teaching for national professional organizations.

8. Leadership role in development of educational materials for local and regional professional organizations. Participation in the development of educational materials for national organizations.
9. T-32 or K-award Mentorship

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

#### Teaching (PhD)

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

1. Evidence of regular participation in the educational processes within the division, department or college
  - a) course work: organization and oversight of approved academic course lectures provided for approved academic courses
  - b) documented training of individuals or groups in research skills or techniques
    - technicians and laboratory assistants
    - graduate students
    - postdoctoral fellows
    - medical research fellows
    - professional colleagues
  - c) K award mentoring or T-32
2. Evidence of teaching excellence
  - a) consistently high level evaluations of teaching performance by students and peers
  - b) divisional, departmental or collegiate teaching awards
3. Leadership in development of new educational programs for teaching within the institution.
4. Development of innovative teaching techniques or vehicles.
5. Leadership in production of instructional materials (e.g. videotapes, computer programs, etc.).
6. Participation in teaching for local, regional or national organizations.
7. Leadership in development of educational materials for local, regional or national organizations.

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

#### Research and Scholarship (MD, DO or equivalent)

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

1. Multiple publications in peer reviewed journals (numbers consistent with quantitative standards of the Department).
2. Peer reviewed publications in prestigious journals, many of which are first or senior authored.
  - a. For faculty members with no clinical duties, 50-70 papers with a mean impact factor 3 to 6 or an H- index of 25 or more.
  - b. The successful candidate with an assignment of more than 25% and less than 50% clinical FTE is expected to have 40-60 peer-review publications with



an average impact factor of the top ten publications at or above 75<sup>th</sup> percentile of impact factors of journals in which urologic surgeons publish. The list of journals is in Appendix 1. The list will be updated every 4 years. The faculty members are encouraged to publish in other scientific journals as well. Candidates for promotion to professor should ideally have 25-35 peer-reviewed publications since their promotion to associate professor.

- c. The successful candidate with an assignment of 50% or greater clinical FTE is expected to have a minimum of 36 peer-review publications with an average impact factor of the top ten publications at or above 75<sup>th</sup> percentile of impact factors of journals in the Department publication list. The faculty members are encouraged to publish in other scientific journals as well. Candidates for promotion to professor should ideally have 15-20 peer-reviewed publications since their promotion to associate professor.
3. Presentations of scholarly work at national or international meetings.
  4. Sustained grant funding as principal investigator from national sources at levels indicating major research significance. Extramural funding since promotion to associate professor is required.
    - a) For candidates with no clinical responsibilities, sustained research awards (preferably RO1) since Associate professor promotion. Since promotion, the candidate should have a second significant national grant or industry award as PI or equivalent grant (e.g., PO1 or U54 project), OR licensing revenue to offset salary, OR over \$500,000 of development funds to support research and salary. The candidate with no clinical responsibility will have salary recovery of 70%
    - b) The successful candidate with an assignment of more 25% and less than 50% cFTE will show a track record of continuous funding and ideally be the PI or Co-PI on a minimum of two R-01 equivalents, one of which may be from industry, or be a PI on a program project grant or a PI on an R-01. Involvement in team science and multidisciplinary pursuits or securing development funds  $\geq$  \$500,000 to support salary and research will be the equivalent of a second R-01. The candidate with a faculty member with clinical duties but  $<$  .5 cFTE will have salary recovery of 50%
    - c) The successful candidate with an assignment as 50% or greater clinical FTE will be a Co- Investigator on a minimum of one R-01 equivalent, an industry grant or a Co-Investigator on a program project grant, or a PI on clinical trials. The faculty member with  $\geq$ .5 cFTE has no requirement for salary recovery but it is considered desirable
  5. National recognition as an expert in a particular area of research or scholarship.
  6. Editorship of journal(s).
  7. Lead authorship of books.
  8. Lead authorship of chapters in books.

(To reach the professor level, the faculty member is expected to achieve 6 accomplishments, with #1 through #5 at a minimum.)

#### Research and Scholarship (PhD)

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

1. Regular publication in peer-reviewed journals (numbers consistent with quantitative standards of department and scientific discipline).

2. Publications of major scientific significance in prestigious journals, identified by peers using objective standards of the scientific discipline.
3. Significant proportion of first author or senior author publications in peer-reviewed journals.
4. The successful candidate should have published 50-70 papers with a mean impact factor of 3 to 6. Ideally there should be 25-35 peer-reviewed journal papers since promotion to associate professor
5. Presentations of scholarly work at multiple local, regional, national or international forums.
6. Sustained awards of peer-reviewed research funding from national sources indicative of competitive research significance. The successful candidate ideally shall be the PI on at least two active awards including at least one R-01 or be a PI on a program project grant. Major effort co-investigator on RO1 or larger awards will be counted as well. Securing of developmental funds in excess of \$500,000 cumulatively to support research and salary will count as a second award as well. Extramural funding since promotion to associate professor is required. The candidate will have salary recovery of 70% up to the NIH cap.
7. Established national or international reputation for research in one or more areas of importance to the scientific discipline.
8. Service on the editorial board of professional journal(s).
9. Service on grant review boards for local, regional, national or international funding organizations.
10. Retention as consultant by professional or commercial organizations.
11. Leadership in publication of books or book chapters.

(To reach the professor level, the faculty member is expected to achieve accomplishments #1 through #8, at a minimum.)

Service (MD, DO or equivalent)

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

1. Recognized as a leader in an area of clinical expertise. Director of a service, center institute, division or a section or recognition by peers in Best Doctors
2. Maintenance of Certification.
3. Chair of Department, College of Medicine or University committee.
4. Leadership role in committee activities for national and international organizations.
5. Elected office in national or international professional organization(s) or regular NIH study section membership or federal panel or committee
6. Prominent role in community service activities.
7. Leadership role in the Department.
8. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
9. Maintenance of appropriate licensure and medical staff appointment(s).
10. Leadership role in the development of new programs for clinical care.

(To reach the professor level, the faculty member is expected to achieve 5 of these accomplishments including, #1 (only for c FTE >.5 ) #3 or #4 , #7 #8 and in addition # 2 if applicable.)

Service (PhD)

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

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

(To reach the professor level, the faculty member is expected to achieve 4 of these accomplishments including #7.)

#### **4. 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 Tenure-track faculty 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 must be based upon clear and convincing evidence that that the candidate has developed a national level of impact and recognition since being appointed to the rank of Assistant Professor. Clinical faculty members typically pursue careers as clinician scholars or clinician educators. In the following sections, the criteria for promotion in each of the three pathways (Clinician-Educator, Clinician-Scholar, Clinical Excellence) in Clinical Faculty will be detailed.

##### **A. Associate Professor, Clinician Educator Pathway**

The awarding of promotion to the rank of Associate Professor– Clinician-Educator Pathway should be based upon clear and convincing evidence that that the candidate is developing a national level of impact and recognition as a clinician educator since being appointed to the rank of Assistant Professor.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors

are necessary evidence of teaching excellence. Candidates should demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of impactful, innovative programs that integrate teaching, research and patient care are particularly valued. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity.

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

Scholarship: The candidate should demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications (10-15) and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules.

For the Department of Urology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to **associate professor** – Clinician Educator Pathway in the areas of teaching, research and service:

Teaching (MD, DO or equivalent)

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

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.
3. Participation in the development of new educational programs for teaching students or residents at Ohio State.
4. 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 for local, regional and national professional organizations.

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

Teaching (PhD)

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

1. Evidence of participation in the educational processes within the division, department or college
  - a) course work: organization and oversight of approved academic course lectures provided for approved academic courses
  - b) documented training of individuals or groups in research skills or techniques
    - technicians and laboratory assistants
    - graduate students
    - postdoctoral fellows
    - medical research fellows
    - professional colleagues
2. Evidence of teaching excellence
  - a) consistently high level evaluations of teaching performance by students and peers
  - b) divisional, departmental or collegiate teaching awards
3. Local leader of a nationally funded or multi-institutional educational project.
4. Development of new educational programs including but not limited to simulation for teaching and methods of evaluation within the institution.
5. Publication of instructional materials (e.g. videotapes, computer programs, etc.).
6. Participation of teaching for local, regional or national organizations.
7. Development of educational materials for local, regional or national organizations.

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

#### Research and Scholarship (MD, DO or equivalent; PhD)

1. Publications in peer-reviewed journals. As a general guideline, 10-15 peer reviewed publications of which the top 10 have a mean impact factor at the median (50<sup>th</sup>tile) of urology specialty journals (Appendix 1), 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.
3. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.)
4. Local lead investigator of an educational grant or a multi-institutional educational program.

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

#### Service (MD, DO or equivalent)

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Evidence of a high-level of clinical competence.
4. Active participation in divisional, Departmental, College, Health Sciences, Health System or Medical Staff and/or University committee functions.
5. Participation in committee activities for local, regional and national organizations.
6. Elected office in local, regional or national professional organizations.

7. Other meritorious community service activities.
8. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
9. 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.)

#### Service (PhD)

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

1. Director or Co-Director of an educational program for division, department, hospital, college, university or professional organization.
2. Active participation in divisional, departmental, college, Health Sciences, Health System or University committee functions.
3. Active participation in committee functions for local, regional or national organizations.
4. Elected office in local, regional or national professional organizations.
5. Other meritorious community service activities.
6. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

(To reach the associate professor level the faculty member is expected to achieve accomplishments #1, #2, #3 and #6.)

### **B. Professor, Clinician Educator Pathway**

The awarding of promotion to the rank of Professor– Clinician-Educator pathway must be based upon clear and convincing evidence that the candidate has developed a national level of impact and recognition as a teacher since being appointed to the rank of Associate Professor.

Teaching and Mentoring: A distinctive record of sustained superlative teaching and mentoring excellence is required for promotion. Excellence is demonstrated by sustained positive evaluations by students, residents, fellows, local colleagues and national peers. Multiple teaching awards and other honors are indicative of this level of teaching excellence. Candidates must demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of multiple impactful, innovative programs that integrate teaching, research and patient care are valued. Teaching excellence may also be demonstrated through participation in specialty boards such as Resident Review Committees, specialty boards and the Accreditation Council for Graduate Medical Education.

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

Service: Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to College, hospital, and/or University committees and affirmative action or mentoring activities. Evidence of professional service to the faculty member's discipline should include journal editorships, and offices held and other service to national professional societies.

Scholarship: The candidate must demonstrate sustained contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications (16-30) and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules.

For the Department of Urology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to **professor**– Clinician Educator Pathway in the areas of teaching, research and service:

Teaching (MD, DO or equivalent)

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

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.
3. Participation in the development of new educational programs for teaching students or residents at Ohio State.
4. National 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 national or international professional organizations and excellent lecture evaluations from these audiences.
7. Participation in the development of educational materials for national or international professional organizations.

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

Teaching (PhD)

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

1. Evidence of regular participation in the educational processes within the division, department or college
  - a) course work: organization and oversight of approved academic course lectures provided for approved academic courses
  - b) documented training of individuals or groups in research skills or techniques technicians and laboratory assistants graduate students

postdoctoral fellows  
medical research fellows  
professional colleagues

2. Evidence of teaching excellence
  - a) consistently high level evaluations of teaching performance by students and peers.
  - b) divisional, departmental or collegiate teaching awards
3. Local leader of a nationally funded or multi-institutional educational project unless  $\geq$  45 publications and clear evidence of a national reputation.
4. Development of new educational programs including but not limited to simulation for teaching and methods of evaluation within the institution.
5. Publication of instructional materials (e.g. videotapes, computer programs, etc.).
6. Participation of teaching for local, regional or national organizations.
7. Development of educational materials for local, regional or national organizations.

(To reach the professor level the faculty member is expected to achieve 5 of these accomplishments including achievement of #1, #2 and #3.)

#### Research and Scholarship (MD, DO or equivalent; PhD)

1. Publications in peer-reviewed journals. As a general guideline, a minimum of 30 peer reviewed publications, scholarly review articles, and/or web based or video teaching modules since being appointed as associate professor at OSU with a mean impact factor of the top ten at the 50<sup>th</sup> percentile of the Urology Specialty Departmental Journal Rank List.
2. Publication of books, chapters or monographs.
3. Presentations of scholarly work at local, regional, national and international meetings.
4. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.).
5. Local leader of a nationally funded or multi-institutional educational project unless  $\geq$  45 publications and clear evidence of a national reputation.

(To reach the professor level, the faculty member is expected to achieve four of these accomplishments including #1 and #5.)

#### Service (MD, DO or equivalent)

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Evidence of a high-level of clinical competence.
4. Leadership in divisional, Departmental, College, and/or University committee functions
5. Leadership of committee activities for national or international organizations.
6. Elected office in national or international professional organizations.
7. Director of a Department or Divisional Educational Program.
8. Other meritorious community service activities.



9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Maintenance of appropriate licensure and medical staff appointment(s).

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

#### Service (PhD)

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

1. Director of an educational program for division, department, hospital, college, university or professional organization.
2. Active participation and leadership in divisional, departmental, college or university committee functions.
3. Leadership in committee functions for national or international organizations.
4. Elected office national or international professional organizations.
5. Other meritorious community service activities.
6. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

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

### **C. Associate Professor, Clinician Scholar Pathway**

The awarding of promotion to the rank of Associate Professor – Clinician-Scholar pathway must be based upon clear and convincing evidence 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.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are also supportive of teaching excellence. Teaching excellence must be demonstrated through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is very highly valued as a teaching and mentoring activity.

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in clinical trials. Again, participation in collaborative, multidisciplinary research and team science is highly valued even though it may result in “middle” authorship, as long as the faculty member’s unique contribution can be discerned. Clinical faculty should have acquired external funding in support of their program of scholarship. Candidates should have a track record of being co- investigators in foundation, industry or NIH studies. Entrepreneurship and inventorship are also evidence

of scholarly activity, as described in Section VII [Criteria for promotion to Associate Professor with tenure] above, and will be viewed most favorably.

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

Teaching (MD, DO or equivalent)

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

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.
3. Participation in the development of new educational programs for teaching students or residents.
4. Participation in teaching for local, regional and national clinical organizations and high level evaluations from national audiences.
5. Participation in the development of clinical materials for local, regional and national professional organizations.

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

Teaching (PhD)

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

1. Evidence of regular participation in the educational processes within the division, department or college
  - a) course work: organization and oversight of approved academic course lectures provided for approved academic courses
  - b) documented training of individuals or groups in research skills or techniques for technicians, laboratory assistants, graduate students, postdoctoral fellows, medical research fellows or professional colleagues
2. Evidence of teaching excellence
  - a) consistently high level evaluations of teaching performance by students and peers.
  - b) divisional, departmental or collegiate teaching awards
3. Participation of teaching for local, regional or national organizations.
4. Development of educational materials for local, regional or national organizations.

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

Research and Scholarship (MD, DO or equivalent; PhD)

1. Publications in peer-reviewed journals. As a general guideline, 10-15 peer reviewed publications with a mean impact factor at the top 10 articles at the median of the

- Urology Specialty Rank List, scholarly review articles, and/or web based or video teaching modules since being appointed as assistant professor at OSU.
2. Participation as an investigator or co-investigator on at least one clinical trial or nationally funded grant unless  $\geq 25$  publications and evidence of an evolving national reputation.
  3. Presentations of scholarly work at local, regional, national and international meetings.
  4. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.).

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

Service (MD, DO 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 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. Committee participation in local, regional and national organizations.
7. Elected office in local, regional, national or international professional organizations.
8. Other meritorious community service activities.
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Maintenance of appropriate licensure and medical staff appointment(s).

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

Service (PhD)

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

1. Director or Co-Director of a clinical service for division, department, hospital, college, university or professional organization.
2. Outstanding clinical service.
3. Active participation in divisional, departmental, college or university committee functions.
4. Participation in committees in local, regional and national organizations.
5. Elected to an office in national or international professional organizations.
6. Other meritorious community service activities.
7. 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 accomplishment #2, #3, #4 and #7, at a minimum.)

#### **D. Professor, Clinician Scholar Pathway**

The awarding of promotion to the rank of Professor – Clinician-Scholar pathway must be based upon clear and convincing evidence that the candidate has developed a national level of recognition as a clinician scientist since being appointed to the rank of Associate Professor.

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

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

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

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in clinical trials. For example, 40 peer-review publications in journals. Clinical faculty members 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.

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

##### Teaching (MD, DO or equivalent)

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

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

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

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

#### Teaching (PhD)

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

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

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

#### Research and Scholarship (MD, DO or equivalent; PhD)

1. Publications in peer-reviewed journals. As a general guideline the candidate should have a minimum of 30 peer reviewed publications, scholarly review articles, and/or web based or video teaching modules. Of these 15 being since promoted or appointed to associate professor at OSU. The mean impact factor of the top ten publications should be at the 50<sup>th</sup> percentile of the Urology journal rank list.
2. Participation as an investigator or co-investigator in multiple clinical trials or nationally funded grant at least one of which is as a principal investigator; or patents; or national reputation for innovation unless  $\geq 50$  publications and evidence of an established national or international reputation.
3. Presentations of scholarly work at national or international meetings.
4. Invited lectureships and visiting professorships.
5. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.).

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

Service (MD, DO or equivalent)

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

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

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

Service (PhD)

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

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

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

**E. Associate Professor, Clinical Excellence Pathway**

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

Medical Center or their assigned hospital. For these individuals, their contribution to the regional and national recognition of the Medical Center may serve as a proxy for individual national recognition.

Metrics should include consistent rankings among the Nation's elite in the Castle-Connolly or U.S. News Physicians Survey, or similar (Best Doctors, Inc.). At a minimum they should demonstrate:

- a) Referral patterns from beyond the typical distribution for their discipline (demonstrates a reputation external to our organization as "best in class").
- b) Referral of the most complex and sickest patients (identifies those physicians with clinical skills beyond their peers).
- c) Multiple lines of evidence supporting excellence in clinical performance, including clinical measures such as quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
- d) Establishment of quality improvements or systems-based changes that result in enhancement of the care provided to OSU Medical Center patients.
- e) A sustained track record of exemplary clinical leadership and unique program development within the institution.
- f) Demonstration of dissemination of peer reviewed data and expertise in the form of Grand Rounds, clinical practice guidelines, seminars, podcasts, websites, small group activities with peer reviewed data and internal benchmarking.
- g) Demonstration of collaboration with researchers and educators in the department and beyond.

The awarding of promotion to the rank of Associate Professor on the Clinical Excellence Pathway for individuals with heavy clinical responsibilities (but without national recognition) must be based upon clear and convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual faculty member's scope or sphere of influence. Promotion will not be granted purely on the basis of length of service to the institution or satisfactory job performance.

One of the most important measures of excellence in the scholarship of practice would be evidence that activities or innovations of an individual faculty member have contributed to a change in the scope and the nature of practice in his or her own discipline. Another piece of evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems. A faculty member who appears to qualify for this special circumstance should have supportive annual evaluations (and a more detailed review for reappointment in the penultimate year of contract).

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

Teaching (MD, DO or equivalent)

Evidence of persistent commitment and engagement in to teaching:

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

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

Teaching (PhD)

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

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

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

Research and Scholarship (MD, DO or equivalent; PhD)

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 (MD, DO 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. Evidence of a high level of patient service as demonstrated by patient satisfaction scores at or above the 90<sup>th</sup> percentile.
6. Clinical productivity as measured by work RVUs according to benchmarks at the 75<sup>th</sup> percentile or above with full recovery of salary, retirement and benefits from clinical service.
7. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds.
8. Other meritorious community service activities.
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Evidence of clinical excellence:
  - a) Patients from outside our primary service area regularly are referred specifically to, or seek care from the faculty member.
  - b) Evidence that a faculty member is regularly consulted by physicians from outside our primary service area.



- c) Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member.
- d) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.
- e) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
- f) Evidence that the faculty member regularly participates as an instructor in regional or national courses or seminars.
- g) Selection for Best Doctors lists.

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

#### Service (PhD)

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

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

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

### **F. Professor, Clinical Excellence Pathway**

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

evidence that they 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 Urology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to professor on the Clinical Excellence Pathway in the areas of teaching, research and service:

Teaching (MD, DO or equivalent)

Evidence of persistent commitment and engagement in to teaching:

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

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

Teaching (PhD)

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

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

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

Research and Scholarship (MD, DO or equivalent; PhD)

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

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

Service (MD, DO 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.

5. Evidence of a high level of patient service as demonstrated by patient satisfaction scores at or above the 90th percentile since promoted to associate professor.
6. Clinical productivity as measured by work RVUs according to benchmarks at the 75th percentile or above since being promoted to associate professor, with full recovery of salary, retirement and benefits from clinical work.
7. Recognition in the Castle and Connelly or U.S. News Physicians Survey or similar (Best Doctors, Inc.) etc. or 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 ly 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.)

#### Service (PhD)

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Full recovery of salary, benefits and retirement from clinical service.
5. Evidence of a high-level of clinical competence as demonstrated by patient outcomes and /or patient service as demonstrated by patient satisfaction scores at or above the 90th percentile.
6. Evidence of a national reputation in the primary area of service as evidenced from national ratings, leadership or committee work in national organizations, and external letters

7. Active participation in divisional and Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds.
8. Other meritorious community service activities.
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

(To reach the professor level, the faculty member is expected to achieve accomplishments in seven areas including #1, #2, #3, #4, #5, #6, #7 and #9.)

## **5. 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 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. 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 clear and convincing evidence that the candidate has developed a national leadership role or an international level of impact and recognition.

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

### **Promotion: Associate Professor, Research Faculty**

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

Teaching

No requirements.

Research and Scholarship

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

1. Peer reviewed publications in prestigious journals, the majority of which are first-authored or senior authored. As a guideline the successful candidate should have 25-50 publications with 25-35 occurring since the OSU appointment with average impact factors of 3-6 or an H-index of 22 or above.
2. Presentation of scholarly work at local, regional, national or international forums.
3. Evidence of external funding as a principal investigator on one R-01 equivalents with other grants or patent generating licensing income to the Department. Ideal candidate will have evidence of 50% salary recovery.
4. Development of an area of research or scholarship with growing national recognition.
5. Participation on national research review panels such as NIH study sections.
6. Service on editorial board of journal(s).
7. Publications of book(s).
8. Publication of chapter(s) in books.

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

Service

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

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

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

**Promotion: Professor, Research Faculty**

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

Teaching

No requirements.

### Research and Scholarship

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

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

### Service

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

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

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

### **6. Associated Faculty**

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

### **Promotion: Associate Professor Associated Faculty**

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

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

Leadership and Administration: For faculty members whose principal focus is service, benchmarks may include the faculty member's membership and participation on committees or other leadership groups. Significant contributions through membership on committees contributing to the growth in excellence of the College or which have made fundamental and innovative changes in College procedures, practice or culture constitute significant benchmarks. There must be a sustained commitment to leadership and administration rather than a single interaction with a College committee or leadership group.

Patient Care: For faculty members whose principal focus is patient care, excellence in patient care is demonstrated by recognition such as regional and national Best Doctors listings or other recognition of excellence in patient care. Innovative approaches to patient care or introduction of new patient populations to those currently served by the faculty of the Department constitute a further benchmark. A fundamental metric is whether the faculty member has changed the practice in his or her field through the innovations referred to above.

### **Promotion: Professor, Associated Faculty**

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

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

Scholarship: For faculty members whose principal focus is scholarship, the scholarly contributions of Associated faculty promoted to the rank of Professor will exceed the scope of those at the rank of Associate Professor. Benchmarks include participation in research projects, programs, or other scholarly activities that result in enhanced national recognition of the Department or College through publications, funded programs, or other



means. Authorship or co-authorship of manuscripts and participation in nationally funded programs of research are examples of benchmarks for those achieving this rank. Presentations at national meetings and membership or leadership in national organizations dedicated to the faculty member's focus of scholarship are further benchmarks.

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

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

## **B. Procedures**

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

### **1. Candidate Responsibilities**

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

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

## 2. Promotion and Tenure Committee Responsibilities

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

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually, in the spring, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only professors on the committee may consider promotion review requests to the rank of professor. A two-thirds majority of those eligible to vote on a request must vote affirmatively for the review to proceed.

The committee bases its decision on assessment of the record as presented in the faculty member's CV and on a determination of the availability of all required documentation for a full review (student and peer evaluations of teaching). Lack of the required documentation is necessary and sufficient grounds on which to deny a non-mandatory review.

A tenured faculty member who requests and is denied a promotion review in one year must be granted the review in the following year. Consistent with Office of Academic Affairs policy, only faculty members who are citizens or permanent residents of the United States may be considered for non-mandatory tenure review. The committee must confirm with the department chair that a non-tenured faculty member seeking non-mandatory tenure review is a U.S. citizen or permanent resident (has a "green card"). Faculty members not eligible for tenure due to lack of citizenship or permanent residency are moreover not considered for promotion by this department.

- A decision by the committee to permit a review to take place in no way commits the eligible faculty, the department chair, or any other party to the review to making a positive recommendation during the review itself.
- Annually, in late spring through early autumn quarter, to provide administrative support for the promotion and tenure review process as described below.

**Late Spring:** Select from among its members a Procedures Oversight Designee who will serve in this role for the following year. The Procedures Oversight Designee cannot be the same individual who chairs the committee. The Procedures Oversight Designee's responsibilities are described in the Office of Academic Affairs annual procedural guidelines.

**Late Spring:** Suggest names of external evaluators to the department chair.

**Early Autumn:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with Office of Academic Affairs requirements; and work with candidates to assure that needed revisions are made in the dossier before the formal review process begins.

Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on his or her dossier. This meeting is not an occasion to debate the candidate's record.

Draft an analysis of the candidate's performance in teaching, research and service to provide to the full eligible faculty with the dossier; and

seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.

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

Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier. Provide a written evaluation and recommendation to the department chair in the case of joint appointees whose tenure initiating unit is another department. The full eligible faculty does not vote on these cases since the department's recommendation must be provided to the other tenure initiating unit substantially earlier than the Committee begins meeting on this department's cases.

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

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

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

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

The responsibilities of the department chair are as follows:

- Where relevant, to verify the prospective candidate's residency status. Faculty members who are neither citizens nor permanent residents of the United States may not undergo a non-mandatory review for tenure, and tenure will not be awarded as the result of a mandatory review until permanent residency status is established. Faculty members not eligible for tenure due to lack of citizenship or permanent residency are moreover not considered for promotion by this department.
- **Late Spring:** To solicit external evaluations from a list including names suggested by the Promotion and Tenure Committee, the chair and the candidate. (Also see External Evaluations below.)
- To make adequate copies of each candidate's dossier available in an accessible place (option: a secure on-line site) for review by the eligible faculty at least one week before the meeting at which specific cases are to be discussed and voted.
- To remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.
- To attend the meetings of the eligible faculty at which promotion and tenure matters are discussed and respond to questions raised during the meeting.
- **Autumn:** To provide an independent written evaluation and recommendation for each candidate, following receipt of the eligible faculty's completed evaluation and recommendation.
- To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the department review process:

- of the recommendations by the eligible faculty and department chair.
- of the availability for review of the written evaluations by the eligible faculty and department chair.
- Of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the department chair, for inclusion in the dossier. The letter is accompanied by a form that the candidate returns to the department chair, indicating whether or not he or she expects to submit comments.

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

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

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

## **5. External Evaluations**

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

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

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

Since the department cannot control who agrees to write and or the usefulness of the letters received, at least twice as many letters are sought as are required, and they are solicited before the end of the academic year prior to the review year. This timing allows additional letters to be requested should fewer than five useful letters result from the first round of requests.

As described above, a list of potential evaluators is assembled by the Promotion and Tenure Committee, the department chair, and the candidate. If the evaluators suggested by the candidate meet the criteria for credibility, a letter is requested from at least one of

those persons. Faculty Rule 3335-6-04, [www.trustees.osu.edu/ChapIndex/index.php](http://www.trustees.osu.edu/ChapIndex/index.php) requires that no more than half the external evaluation letters in the dossier be written by persons suggested by the candidate. In the event that the person(s) suggested by the candidate do not agree to write, neither the Office of Academic Affairs nor this department requires that the dossier contain letters from evaluators suggested by the candidate.

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

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

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

## **C. Documentation**

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

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

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

### **1. Teaching**

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

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

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

## **2. Research**

For the time period since the last promotion:

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

## **3. Service**

For the time period since the last promotion:

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

## **VIII. Appeals**

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

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

## **IX. Seventh-Year Reviews**

In most instances, a decision to deny promotion and tenure in the penultimate probationary year (11<sup>th</sup> year for faculty members with clinical responsibilities, 6<sup>th</sup> year for those without clinical responsibilities) is

considered final. However, in rare instances in which there is substantial new information regarding the candidate's performance that is relevant to the reasons for the original negative decision, a seventh (or twelfth) year review may be conducted. The request for this review must come from the eligible faculty and the head of the Department, and may not come from the faculty member himself/herself. Details of the criteria and procedures for a review in the final year of probation are described in University Rule 3335-6-05 (B).

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

## **X. Procedures for Student and Peer Evaluation of Teaching**

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

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

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

Each faculty member in the Department of Urology is required to undergo peer review of at least two teaching sessions each year. The types of teaching activities which qualify for this evaluation include: conferences, grand rounds, lectures and teaching rounds. Evaluations must document the quality of preparation, the accuracy of the content, the efficiency of the content delivery, and the appropriateness of interaction with the audience for the activity. The peer review documents shall become part of the permanent file of the faculty member; they will be used as part of the annual review of the faculty member and included in the dossier for reappointment and/or promotion and/or tenure.

**APPENDIX 1: Urology Impact Factors**

**UROLOGY JOURNAL LIST (Impact Factor)**

**Journal Citation Report (JCR)- 2011 Science Edition  
Journal Ranking Sorted by Impact Factor  
Urology & Nephrology**

<b>Ranking</b>	<b>Abbreviated Journal Title</b>	<b>ISSN</b>	<b>2011 Total Cites</b>	<b>Impact Factor</b>	<b>5-Year Impact Factor</b>
1	J AM SOC NEPHROL	1046-6673	29678	9.663	8.306
2	EUR UROL	0302-2838	14914	8.493	7.123
3	NAT REV NEPHROL	1759-5061	849	7.092	7.110
4	KIDNEY INT	0085-2538	37436	6.606	6.341
5	NAT CLIN PRACT NEPHR	1745-8323	803	6.083	4.871
6	AM J KIDNEY DIS	0272-6386	18956	5.434	5.138
7	CLIN J AM SOC NEPHRO	1555-9041	6561	5.227	5.310
8	NAT REV UROL	1759-4812	489	4.415	4.415
9	CURR OPIN NEPHROL HY	1062-4821	2623	4.331	3.728
10	NAT CLIN PRACT UROL	1743-4270	590	4.071	2.855
11	J UROLOGY	0022-5347	45170	3.746	3.856
12	AM J PHYSIOL-RENAL	1931-857X	15523	3.682	3.796
13	J SEX MED	1743-6095	5289	3.552	3.274
14	PROSTATE	0270-4137	6360	3.485	3.073
15	NEPHROL DIAL TRANSPL	0931-0509	19988	3.396	3.375
16	UROL ONCOL-SEMIN ORI	1078-1439	1739	3.216	2.803
17	NEUROUROL URODYNAM	0733-2467	3139	2.958	2.729
18	BJU INT	1464-4096	15007	2.844	2.768
19	CLIN GENITOURIN CANC	1558-	290	2.605	1.979



		7673			
20	CURR OPIN UROL	0963-0643	1322	2.590	2.200
21	NEPHRON PHYSIOL	1660-2137	463	2.548	2.134
22	AM J NEPHROL	0250-8095	2961	2.539	2.675
23	PEDIATR NEPHROL	0931-041X	6541	2.518	2.302
24	ADV CHRONIC KIDNEY D	1548-5595	715	2.443	2.281
25	UROLOGY	0090-4295	17977	2.428	2.306
26	PROSTATE CANCER P D	1365-7852	1050	2.421	1.948
27	WORLD J UROL	0724-4983	2347	2.411	2.370
28	SEMIN DIALYSIS	0894-0959	1985	2.265	2.491
29	BMC NEPHROL	1471-2369	391	2.176	
30	SEMIN NEPHROL	0270-9295	1669	2.121	2.428
31	BLOOD PURIFICAT	0253-5068	1335	2.104	1.880
32	PERITON DIALYSIS INT	0896-8608	2807	2.097	1.919
33	NEPHRON CLIN PRACT	1660-2110	1387	2.038	1.996
34	NEPHRON EXP NEPHROL	1660-2129	641	1.857	1.891
35	J ENDOUROL	0892-7790	4335	1.847	1.748
36	INT UROGYNECOL J	0937-3462	3416	1.832	1.957
37	EUR UROL SUPPL	1569-9056	745	1.827	1.267
38	UROL CLIN N AM	0094-0143	1899	1.824	2.026
39	INT J UROL	0919-8172	2413	1.747	1.277
40	INT J IMPOT RES	0955-9930	2028	1.712	1.745
41	J NEPHROL	1121-8428	1828	1.654	1.458
42	J RENAL NUTR	1051-2276	858	1.570	1.440
43	HEMODIAL INT	1492-7535	765	1.543	

44	ASIAN J ANDROL	1008-682X	1413	1.521	1.767
45	AGING MALE	1368-5538	394	1.518	1.538
46	CONTRIB NEPHROL	0302-5144	1142	1.487	1.476
47	INT UROL NEPHROL	0301-1623	1678	1.471	1.137
48	KIDNEY BLOOD PRESS R	1420-4096	639	1.464	1.465
49	THER APHER DIAL	1744-9979	1060	1.391	1.360
50	J PEDIATR UROL	1477-5131	658	1.379	
51	CLIN EXP NEPHROL	1342-1751	796	1.369	
52	NEPHROLOGY	1320-5358	1373	1.311	1.454
53	CUAJ-CAN UROL ASSOC	1911-6470	256	1.237	
54	UROL RES	0300-5623	1364	1.233	1.500
55	CLIN NEPHROL	0301-0430	3248	1.171	1.266
56	INT BRAZ J UROL	1677-5538	620	1.065	
57	NEFROLOGIA	0211-6995	694	1.000	0.688
58	SCAND J UROL NEPHROL	0036-5599	1732	0.994	1.033
59	UROL INT	0042-1138	1765	0.992	0.967
60	IRAN J KIDNEY DIS	1735-8582	145	0.870	
61	RENAL FAILURE	0886-022X	1538	0.824	1.020
62	CAN J UROL	1195-9479	557	0.641	
63	PROG UROL	1166-7087	948	0.578	0.529
64	UROL J	1735-1308	221	0.577	
65	UROLOGE	0340-2592	654	0.497	0.411
66	NEPHROL THER	1769-7255	208	0.465	
67	ACTAS UROL ESP	0210-4806	446	0.455	
68	AKTUEL UROL	0001-	96	0.267	0.198

		7868			
69	LUTS	1757-5664	20	0.239	0.239
70	DIALYSIS TRANSPLANT	0090-2934	145	0.131	0.103
71	REV NEFROL DIAL TRAS	0326-3428	9	0.121	
72	PELVI-PERINEOLOGIE	1778-3712	19	0.074	
73	ANN UROL	0003-4401	144		0.29

**AVERAGE IMPACT FACTORS:**

75<sup>th</sup> Percentile = 2.6

50<sup>th</sup> Percentile = 1.8

## Appendix 2: Statement on Professional Ethics

- a. Faculty, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. This primary responsibility to their subject is to seek and to state the truth as they see it. To this end they devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise self-discipline and judgment in using, extending, and transmitting knowledge. Faculty members should practice intellectual honesty. Although they may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
- b. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals, and adhere to their proper roles as intellectual guides and advisors. Professors make every reasonable effort to foster honest academic conduct, and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect the academic freedom of their students.
- c. As colleagues, faculty have obligations that derive from common membership in the community of scholars. Faculty do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates. In the exchange of criticism and ideas, professors show due respect for the opinions of others. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.
- d. As members of an academic institution, professors seek, above all, to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institutions in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the institution, and give due notice of their intentions.
- e. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.