

Appointments, Promotion, and Tenure Criteria and Procedures for The Ohio State University

DEPARTMENT OF ANESTHESIOLOGY



Wexner
Medical
Center

Approved by Faculty: 04/22/13; 02/05/19, 08/30/24

Approved by the Office of Academic Affairs: 11/12/24

Revision Approved by the Office of Academic Affairs: 9/2/25

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I. PREAMBLE

This document is a supplement to Chapters 6 and 7 of the [Rules of the University Faculty](#) the annually updated procedural guidelines for promotion and tenure reviews in Chapter 3 of the University Office of Academic Affairs (OAA) [Policies and Procedures Handbook](#) and other policies and procedures of the college and University to which the department and its faculty are subject.

Should those rules and policies change, the department will follow the new rules and policies until such time as it can update this document to reflect the changes. In addition, this document must be reviewed, and either reaffirmed or revised, at least every four years on the appointment or reappointment of the department chair.

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

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

Decisions considering appointment, reappointment, and promotion and tenure will be free of discrimination in accordance with the university's [policy on equal employment opportunity](#).

II. MISSION

The Department of Anesthesiology's mission is to promote the achievement of excellence in education, research, service and clinical care in all of the various disciplines encompassed by the specialty.

The Department of Anesthesiology is a participant in the education of medical students at all levels of the medical curriculum and in the education of skilled professionals in the basic and clinical medical sciences and allied medical professions. It also educates medical school graduates in an anesthesiology residency program, and in other residency and fellowship programs associated with the specialty. Graduates of these programs become eligible for certification by specialty boards and similar agencies. The Department instructs graduate students for Masters and PhD level programs and in other related disciplines. Approval to advise and supervise graduate students must be obtained from the graduate school as detailed in Section XII of the Graduate School [Handbook](#). The Department also conducts a variety of teaching programs for practicing physicians. Members of the Department may also participate in educational projects for the general public.

The Department faculty conduct research which includes, but is not limited to basic, translational

and clinical. Laboratories associated with the Department are active in the instruction of undergraduate students, medical students, residents, postdoctoral fellows and graduate students in research methodology and technique. Departmental research is supported by both internal and external funding. Department members are engaged in collaborative projects (i.e., team science) with researchers in other Departments of the University and outside of the University. The results of these efforts are regularly presented at various scientific meetings and symposia, and they are published in books, journals and other media.

As medical doctors and members of the Department, anesthesiologists function as faculty leaders of the anesthesia care team and its associated specialties. Members of the Department who are non-physicians engage in practice related to their area of expertise. The Department strives to maintain a clinical staff with the capability of providing a broad spectrum of anesthesiology and perioperative services.

Department members also participate in the administration and governance of the OSU Wexner Medical Center and Nationwide Children's Hospital, the COM and the University through service as members and officers of various committees as permitted per Faculty Rule [3335-7-11](#). In addition, faculty members serve local, regional and national medical organizations in a variety of administrative positions. Faculty members may also serve as members and officers of other charitable and service organizations on a local, regional and national level.

The Department performs regular reassessments of the effectiveness of its efforts in teaching, scholarship and service. A comprehensive evaluation is performed and published as the Department of Anesthesiology Annual Report.

III. VALUES

Shared values are the commitments made by the department's community regarding how work will be conducted. Our values in the Department of Anesthesiology include:

- Inclusiveness
- Determination
- Empathy
- Sincerity
- Ownership
- Innovation

The Department of Anesthesiology operates on the premise that all faculty and staff in the department have unique talents that contribute to the pursuit of excellence and further our ambition. Faculty, staff, and learners are expected to set a high example of collegiality in the workplace with respect for personal boundaries. They must avoid behaviors that interfere with or adversely affect a community member's ability to learn, carry out research, care for patients or fulfill the individual's professional responsibilities. This synergism may be seen in the creation of our learning environment, research collaborations, co-authorship of publications, team approach to clinical practice including health and wellness, sharing of innovative ideas in committee meetings, community, and industry outreach. Faculty members are expected to offer mentorship within the entire learning community, including mentorship to faculty colleagues.

The department supports a variety of beliefs and the free exchange of ideas and opinion and expects that faculty, staff, and students will promote these values and apply them in a professional manner in all academic endeavors and interactions within and representing the

department.

All faculty, staff and learners should work towards establishing and maintaining a team culture enriching the intellectual working and learning environment. The department is committed to evaluating the practice of these core values as part of all performance evaluations.

IV. DEFINITIONS

A. Committee of the Eligible Faculty

The eligible faculty for all appointment (hiring), reappointment, promotion, or promotion and tenure reviews must have their tenure home or primary appointment in the department. At the department chair's discretion, the department may not require a formal vote of the faculty for new instructor or assistant professor appointments as defined in this Appointment, Promotion, and Tenure document. In such cases the department chair's decision will be based on recommendations from the search committee.

The department chair, the dean and assistant/associate/vice deans of the college, the executive vice president and provost, and the president may not participate as eligible faculty members in reviews for appointment, reappointment, promotion, or promotion and tenure.

Senior rank faculty under consideration, regardless of category (tenure-track, clinical, research, associated), may be reviewed only by faculty of the rank at or above consideration (i.e., associate and professor for associate, and professor for professor).

1. TENURE-TRACK FACULTY

Initial Appointment Reviews

Appointment Reviews

The eligible faculty for new appointment (hiring) reviews of tenure-track faculty at the rank of instructor, assistant professor, associate professor, or professor consists of all tenure-track faculty whose primary appointment resides in the department. Clinical and research faculty may also be invited to participate in initial reviews.

Rank Reviews

A vote on the appropriateness of the proposed rank must be cast by all tenured faculty of equal or higher rank than the position requested.

Reappointment, Promotion, or Promotion and Tenure Reviews

- For the reappointment and promotion and tenure reviews of assistant professors and the tenure reviews of untenured associate professors, the eligible faculty consists of all tenured associate professors and professors.
- For the promotion reviews of associate professors, the eligible faculty consists of all tenured professors.

2. CLINICAL FACULTY

Initial Appointment Reviews

Appointment Review

The eligible faculty for new appointment reviews of clinical faculty (hiring or appointment change from another faculty type) at the rank of clinical instructor, assistant clinical professor, associate clinical professor, or clinical professor consists of all tenure-track faculty whose primary appointment resides in the department and all clinical faculty whose primary appointment resides in the department. Research faculty may also be invited to participate in initial reviews.

Rank Review

A vote on the appropriateness of the proposed rank must be cast by all tenured faculty of equal or higher rank than the position requested, and all non probationary clinical faculty of equal or higher rank than the position requested.

Reappointment and Promotion Reviews

- For the reappointment and promotion reviews of assistant clinical professors, the eligible faculty consists of all tenured associate professors and professors, all non probationary associate clinical professors and all non probationary clinical professors.
- For the reappointment and promotion reviews of associate clinical professors, and the reappointment reviews of clinical professors, the eligible faculty consists of all tenured professors and all non probationary clinical professors.

3. RESEARCH FACULTY

Initial Appointment Reviews

Appointment Review

For an appointment (hiring or appointment change from another faculty type) review of a research assistant professor, research associate professor, or research professor, the eligible faculty consists of all tenure-track faculty and all research faculty in the department. Clinical faculty may also be invited to participate in initial reviews.

Rank Review

A vote on the appropriateness of the proposed rank must be cast by all tenured faculty of equal or higher rank than the position requested and all non probationary research faculty of equal or higher rank than the position requested.

Reappointment and Promotion Reviews

- For the reappointment and promotion reviews of research assistant professors, the eligible faculty consists of all tenured associate professors and professors and all non probationary research associate professors and professors.

- For the reappointment and promotion reviews of research associate professors and the reappointment reviews of research professors, the eligible faculty consists of all tenured professors and all non probationary research professors.

4. ASSOCIATED FACULTY

Initial Appointment and Reappointment

For the initial appointment (hiring or appointment change from another faculty type) of compensated associated faculty members, the eligible faculty consists of all tenure-track faculty, all clinical faculty, and all research faculty in the department. For reappointments, the eligible faculty are all those with non-probationary clinical titles and tenured faculty members of equal or higher rank than the candidate.

Promotion Reviews

Associated faculty are eligible for promotion but not tenure if they have adjunct titles, tenure-track titles with service at 49% FTE or below, clinical titles, and lecturer titles.

For the promotion reviews of associated faculty with adjunct titles, the eligible faculty shall be the same as for tenure-track, clinical, or research faculty, as appropriate to the appointment, as described in Sections III.A.1, 2 or 3 above.

For the promotion reviews of associated faculty with tenure-track titles, the eligible faculty shall be the same as for tenure-track faculty as described in Section III.A.1.

For the promotion reviews of associated clinical faculty, the eligible faculty shall be the same as for clinical faculty as described in Section III.A.2 above.

The promotion of a lecturer to senior lecturer is decided by the department chair in consultation with the Department's Appointments, Promotions and Tenure Committee.

B. CONFLICT OF INTEREST

Search Committee Conflict of Interest

A member of a search committee must disclose to the committee and refrain from participation in any of the interviews, meetings, or votes that comprise the search process if the member:

- decides to apply for the position;
- is related to or has a close interpersonal relationship with a candidate;
- has substantive financial ties with the candidate;
- is dependent in some way on the candidate's services;
- has a close professional relationship with the candidate (e.g., dissertation advisor); or
- has collaborated extensively with the candidate or is currently collaborating with the candidate.

Eligible Faculty Conflict of Interest

A member of the eligible faculty has a conflict of interest when he/she/they are or have been to the

candidate:

- a thesis, dissertation, or postdoctoral advisee/advisor;
- a co-author on more than 50% of the candidate's publications since appointment or last promotion, including pending publications and submissions;
- a collaborator on more than 25% of projects since appointment or last promotion, including current and planned collaborations;
- in a consulting/financial arrangement with the candidate since appointment or last promotion, including receiving compensation of any type (e.g., money, goods, or services) or is dependent in some way on the candidate's services; or
- in a family relationship such as a spouse, child, sibling, or parent, or other relationship, such as a close personal friendship, that might affect one's judgment or be seen as doing so by a reasonable person familiar with the relationship.

Such faculty members will be expected to withdraw from a promotion review of that candidate.

C. MINIMUM COMPOSITION

In the event that the department does not have at least three eligible faculty members who can undertake a review, the department chair, after consulting with the Vice Dean for Faculty Affairs, will appoint a faculty member from another department within the college taking into consideration academic expertise, perspective, and thought when establishing the committee.

D. APPOINTMENTS, PROMOTIONS AND TENURE (AP&T) COMMITTEE

The department has an Appointments, Promotions and Tenure Committee that assists the Committee of the Eligible Faculty in managing the personnel and promotion and tenure issues. The committee consists of at least 9 and no more than 12 faculty members, with a minimum of 3 being professors. When considering cases involving clinical faculty, the APT Committee may be augmented by up to 3 non-probationary clinical faculty members at the rank of associate professor or professor, as appropriate to the case. When considering cases involving research faculty the APT Committee may be augmented by up to 2 non-probationary research faculty members; the research faculty appointees will hold the rank of associate professor or professor, as appropriate to the case. When considering cases involving tenure, the APT Committee may be augmented by up to 3 tenured faculty members from within or outside the Department. These augmentations will be enacted as necessary to achieve a voting quorum. The APT committee chair and membership are appointed by the department chair. The term of service is one year, with reappointment possible.

E. QUORUM

The quorum required to discuss and vote on all personnel decisions is a simple majority (greater than 50%) of the committee not on an approved leave of absence. Faculty members who recuse themselves because of a conflict of interest are not counted when determining quorum. Faculty members on approved university leave (e.g. medical, business, parental) are not counted when determining quorum unless they declare, in advance and in writing, their intent to participate in all proceedings for which they are eligible during the leave. Faculty members with a competing scheduling constraint at the scheduled meeting time are not excused absences and do count as members of the eligible faculty. A member of the eligible faculty on Special Assignment may be excluded from

the count for the purposes of determining quorum only if the department chair has approved an off-campus assignment.

1. **RECOMMENDATION FROM THE COMMITTEE OF THE ELIGIBLE FACULTY**

In all votes taken on personnel matters only “yes” and “no” votes are counted. Abstentions are not votes and are not permitted in votes for promotion and/or tenure in this department.

Absentee ballots and proxy votes are not permitted, but participating fully in discussions and voting via remote two-way electronic connection are allowed.

2. **APPOINTMENT**

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

In the case of a joint appointment, the department must seek input from a candidate’s joint-appointment TIU prior to his/her/their appointment.

3. **REAPPOINTMENT, PROMOTION AND TENURE, AND PROMOTION**

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

In the case of a joint appointment, the department must seek input from a candidate’s joint-appointment TIU prior to his/her/their reappointment, promotion, and/or tenure.

V. APPOINTMENTS

A. CRITERIA

The Department of Anesthesiology is compliant with the *Rules of the University Faculty* in making appointments to the Tenure-Track, Clinical faculty, Research faculty, and to the Associated faculty. The appropriate faculty initial appointment to the department must be aligned with the expectations and responsibilities of the faculty member and be consistent with both the short-term and long-term career plans of the individual. The department chair carefully evaluates and aligns the career goals of the faculty candidate in consultation with the department’s and the college’s needs in determining the most appropriate appointment for the faculty member.

The department is committed to making only faculty appointments that enhance or have strong potential to enhance the quality of the faculty. Important considerations include an individual's record to date in teaching, scholarship and service; the potential for professional growth in each of these areas; evidence of activities that foster university, college, and department values; and the potential for interacting with colleagues and students in a way that will enhance their academic work and attract other outstanding faculty and learners to the department. Offers will only be extended to individuals who engage in behavior consistent with department values and not to those individuals who promote a hostile work environment. No offer will be extended in the event that the search process does not yield one or more candidates who would enhance faculty quality. The search is either cancelled or continued, as appropriate to the circumstances.

The appointment of all compensated tenure-track, clinical, research, and associated faculty, irrespective of rank, must be based on a formal search process following the [SHIFT](#) Framework for faculty recruitment.

All faculty positions must be posted in [Workday](#), the university's system of record for faculty and staff. A formal review and selection process, including interviews using pre-designed evaluation rubrics, is required for all positions. Appropriate disposition codes for applicants not selected for a position must be entered in [Workday](#) to enable the university to explain why a candidate was not selected and what stage they progressed to before being removed.

1. TENURE-TRACK FACULTY

The tenure-track exists for those faculty members who primarily strive to achieve sustained excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for extramural funding. Although excellence in teaching and outstanding service to The Ohio State University is required, these alone are not sufficient for progress on this track. The department is responsible for establishing criteria for appointment, reappointment, and promotion and tenure that are consistent with these criteria and for ensuring that every faculty appointment, reappointment, and promotion and tenure recommendation is consistent with these criteria.

Appointments to this track are made in accordance with University Rule [3335-6-02](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the department. There is an expectation that faculty members who are appointed to the tenure-track will be assigned a workload that provides sufficient time for the faculty member to meet the expectations and requirements for tenure-track appointments. The appointment process requires the department to provide sufficient evidence in support of a tenure-track faculty appointment so as to ensure that the faculty candidate has clearly and convincingly met or exceeded applicable criteria in teaching, scholarship, and service [see Section VII. of this document for examples]. Each candidate for appointment should undergo an appropriate review by the department faculty which may or may not include a vote of the faculty as described in this document.

All faculty members have access to all pertinent documents detailing the department, College of Medicine, and University promotion and tenure policies and criteria. The most updated documents are located at the University [Office of Academic Affairs](#) website.

For those faculty with clinical responsibilities in the department, each appointee must obtain the appropriate Ohio licensure and other required certifications if required for successful execution of their faculty responsibilities.

Instructor

Appointment at the rank of instructor is made only when the offered appointment is that of assistant professor, but requirements for the terminal degree have not been completed by the candidate at the time of appointment. Procedures for

appointment are identical to those for an assistant professor. The department will make every effort to avoid such appointments. An appointment at the instructor level is limited to three years. Promotion to assistant professor occurs without review the semester following completion of the required credentialing. An instructor must be approved for promotion to assistant professor by the beginning of the third year, or the appointment will not be renewed and the third year is the terminal year of employment.

Upon promotion to assistant professor, the faculty member may request prior service credit for time spent as an instructor. This request must be approved by the department's eligible faculty, the department chair, the dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate since prior service credit cannot be revoked once granted except through an approved request to exclude time from the probationary period. In addition, all probationary faculty members have the option to be considered for early promotion.

Criteria for appointment to the rank of instructor include the following.

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience. Individuals who have completed all the requirements of their terminal degree, but who have not obtained the final degree at the time of initial employment will be appointed as an instructor. In addition, appointment at the rank of instructor is appropriate for individuals who, at the time they join the faculty, do not have the requisite skills or experience to fully assume the full range of responsibilities of an assistant professor such as pursuit of a fellowship or similar advanced training.
- Evidence of potential for excellence in scholarship. Such evidence might include peer-reviewed publications in a mentored setting, but insufficient evidence of an independent, creative, and productive program of research with potential for external funding.
- No ongoing negative behaviors such as discrimination, bullying, harassment, retaliation or promotion of other hostile work conditions.
- A track record reflecting adherence to standards of professional ethical conduct consistent with the [“Statement on Professional Ethics” by the American Association of University Professors](#) [see Appendix C].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the department and the College of Medicine.

Assistant Professor

An appointment to the rank of assistant professor is always probationary. During a probationary period, a faculty member does not have tenure and is considered for reappointment annually. Tenure cannot be awarded at the rank of assistant professor. An assistant professor must be reviewed for promotion and tenure no later than the mandatory review year (6th year of appointment for faculty without significant clinical responsibilities, 11th year of appointment for faculty with significant clinical responsibilities). However, promotion and tenure may be granted by following the promotion and tenure review process at any time during the probationary period when the

faculty member's record of achievement so merits. Similarly, a probationary appointment may be terminated at any time subject to the provision of University Rule [3335-6-08](#) and the provision of paragraphs (6), (H) of University Rule [3335-6-03](#).

Faculty members without significant clinical responsibilities are reviewed for promotion & tenure no later than the 6th year as to whether promotion and tenure will be granted at the beginning of the 7th year. For individuals not recommended for promotion and tenure after the mandatory review, the 7th year will be the final year of employment.

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

The granting of prior service credit, which requires approval of the Office of Academic Affairs, may reduce the length of the probationary period, but is strongly discouraged as it cannot be revoked once granted except through an approved request to exclude time from the probationary period.

Criteria for appointment at the rank of Assistant Professor in the tenure-track include:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience (minimum).
- Early evidence of excellence in scholarship as demonstrated by the initial development of a body of research, scholarship, and creative work. In addition, evidence must be provided that supports a candidate's potential for an independent program of scholarship or leadership within a productive research program as well as a strong likelihood of independent extramural research funding or extramural funding through team science work.
- No ongoing negative behavior such as discrimination, bullying, harassment, retaliation or promotion of other hostile work conditions.
- A track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix C].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the department and the College of Medicine.

Associate Professor and Professor

Appointment offers at the rank of associate professor with or without tenure and Professor with tenure, and offers of prior service credit require prior approval of the University Office of Academic Affairs. Criteria for appointment to the rank of associate professor with tenure are identical to the criteria for promotion to associate professor with tenure, as detailed in Section VII of this document. Criteria for initial appointment to the rank of professor with tenure are identical to the department's and College of Medicine's criteria for promotion to professor with tenure, as detailed in Section VII of this document.

Appointment at the rank of associate professor normally entails tenure. Criteria for appointment to the rank of associate professor in advance of tenure are identical to the criteria for promotion to associate professor in advance of tenure, as detailed in Section VII of this document. An appointment to the rank of associate professor in advance of tenure is probationary. During a probationary period, a faculty member does not have tenure and is considered for reappointment annually. A probationary appointment at the rank of associate professor is appropriate only under unusual circumstances, such as when the candidate has limited prior teaching experience or has taught only in a foreign country. The department must exercise care in making these appointments and provide the metrics that the faculty member must achieve to be awarded tenure. For faculty without significant clinical service responsibilities the probationary period may not exceed four years. For faculty with significant clinical service responsibilities, the probationary period may not exceed six years. Requests for such appointments require the approval of the Dean of the College of Medicine, and the Executive Vice President and Provost. Review for tenure occurs in the final year of the probationary appointment. If tenure is not granted, an additional (terminal) year of employment is offered.

Appointments at the rank of professor without tenure are not possible.

Offers to foreign nationals require prior consultation with the Office of International Affairs.

2. CLINICAL FACULTY

Clinical faculty are equivalent to tenure-track faculty in importance to the department and the College of Medicine. The clinical faculty are those whose principal career focus is outstanding teaching, clinical and translational research, and delivery of exemplary clinical service. Clinical faculty members will generally not have sufficient time to meet the scholarship requirements of the tenure-track within a defined probationary period. For this reason, the nature of scholarship for the clinical faculty differs from that in the tenure-track and may be focused on a mixture of academic pursuits including the scholarship of practice, integration, clinical informatics, community engagement and education, as well as new knowledge discovery.

Faculty members appointed to the clinical faculty may choose to distinguish themselves in patient care, teaching, innovative educational program development, or research (scholarship) as noted in the clinician educator, clinician scholar, and clinical excellence pathways. The clinician educator pathway may reflect excellence as an educator as measured by teaching evaluations and innovative teaching practices and curricula or modules development, and publications. Alternatively, the clinician educator pathway may reflect an outstanding clinician who has a demonstrated record of educating

colleagues and peers such as through invitations to serve as faculty on national continuing medical education programs or societal leadership. The clinician scholar pathway reflects excellence in basic science, translational science, clinical research and/or health services research (e.g., public health care policy, outcomes and comparative effectiveness research) as measured by publications and grant funding, respectively. The clinical excellence pathway exists for faculty members who focus on exemplary clinical care or unique areas of emphasis in patient management. These faculty members may build signature clinical programs and/or serve as preferred providers developing a regional or national reputation for clinical service expertise. Faculty members on this pathway typically devote 80% or more of their effort to patient care or administrative service. Faculty members on the clinical faculty are not eligible for tenure and may not participate in promotion and tenure matters of tenure-track faculty.

All appointments of faculty members to the clinical faculty are made in accordance with Faculty Rule [3335-7](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the department, and the mission and values of the College of Medicine and University. All faculty members have access to all pertinent documents detailing department, College of Medicine, and University promotion and tenure policies and criteria. The most updated documents are located at the University [Office of Academic Affairs](#) website.

Except for those appointed at the rank of instructor, for whom a contract is limited to three years, the initial contract for all other clinical faculty members must be for a period of five years. The initial contract at all ranks is probationary, with reappointment considered annually. Second and subsequent contracts for assistant and associate clinical professors must be for a period of at least three years and for no more than five years. Second and subsequent contracts for clinical professors must be for a period of at least three years and no more than five years. Tenure is not granted to clinical faculty. There is also no presumption that subsequent contracts will be offered, regardless of performance.

By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment.

In addition, the terms of the contract may be renegotiated at the time of reappointment. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges if required for successful execution of their faculty responsibilities. The department POA describes the governance rights to be extended to its clinical faculty. The following paragraphs outline the basic criteria for initial appointments to the clinical faculty.

Clinical Instructor

Appointment to the rank of instructor is made if all the criteria for the position of assistant professor have been met with the exception that the candidate will not have completed the terminal degree, or other relevant training, at the time of the appointment. The department will make every effort to avoid such appointments.

When an individual is appointed as an instructor, the letter of offer should indicate the specific benchmarks and accomplishments that will be necessary for promotion to

assistant professor.

Instructor appointments are limited to three years, with the third year being the terminal year. When an instructor meets the criteria for promotion to assistant professor on the clinical faculty, a new letter of offer with a probationary period of three to five years will be issued.

In the event, the instructor has not completed requirements for promotion to the rank of assistant professor by the end of the penultimate year of the contract period, a new contract will not be considered even if performance is otherwise adequate and the position itself will continue.

Candidates for appointment to the rank of instructor on the clinical faculty will have, at a minimum:

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study, or anticipated completion of clinical residency and fellowship.
- Evidence of potential for contributions to scholarship, education or patient care.
- Anticipated completion of post-doctoral clinical training in an appropriate area.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix C].
- No ongoing negative behaviors such as discrimination, bullying, harassment, retaliation or promotion of other hostile work conditions.

Assistant Clinical Professor

Candidates for appointment at this rank are expected to have completed all relevant training, including residency and fellowship where appropriate, consistent with the existing or proposed clinical or educational program goals of the department. This is the appropriate level for initial appointment of persons holding the appropriate terminal degree and the relevant clinical training.

Candidates for appointment to the rank of assistant professor on the clinical faculty will have at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience; and completion of requisite post-doctoral clinical training if applicable.
- Evidence of contributions to scholarship, education, community engagement or patient care and the potential to advance through the faculty ranks.
- A track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix C].
- No ongoing negative behaviors such as discrimination, bullying, harassment, retaliation or promotion of other hostile work conditions.

Associate Clinical Professor and Clinical Professor

Appointment at the rank of associate clinical professor and clinical professor requires that the individual have an earned doctorate or appropriate terminal degree and the required

licensure/certification of this department, and meet, at a minimum, the department's criteria—in teaching, service, and scholarship—for promotion to these ranks. The criteria for initial appointment at the rank of associate professor to the clinical faculty, are identical to those criteria for promotion to this rank as outlined in Section VII of this document. The criteria for initial appointment at the rank of professor in the clinical faculty, are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

3. RESEARCH FACULTY

Research faculty appointments exist for individuals who focus entirely on research. These appointments are intended for individuals who will have faculty-level responsibilities in the research mission, comparable to the level of a Co-Investigator. Individuals who serve as laboratory managers or otherwise contribute to the research mission at a level comparable to that of a postdoctoral fellow should not be appointed on the research faculty but rather should be appointed as research scientists. Appointments to the research faculty are made in accordance with Faculty Rule [3335-7](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the department. Unless otherwise authorized by a majority vote of the tenure-track faculty in a department, research faculty must comprise no more than 20% of the number of tenure-track faculty in the department. In all cases, however, the number of research faculty positions in a unit must constitute a minority with respect to the number of tenure-track faculty in the department. Tenure is not granted to research faculty.

Contracts will be for a period of at least one year and for no more than five years and must explicitly state the expectations for salary support. In general, research faculty appointments will require 90% salary recovery. It is expected that salary recovery will generally be derived from extramural funds. While salary support for research faculty may not come from dollars provided to the departments from the college, departments may choose to provide funding from individual departmental faculty research funds, start-up funds, and/or department Chair package funds to maintain the faculty member's salary at 100%. Time given to a research faculty (10%) for activities such as grant writing and contract continuation will be supported by the Department. The initial contract is probationary, with reappointment considered annually. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended, regardless of performance. In addition, the terms of a contract may be renegotiated at the time of reappointment.

Research Assistant Professor

The department requires that candidates for appointment as research assistant professors have at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study, or possession of equivalent experience.
- Completion of sufficient research training to provide the basis for specific expertise for contributing to the research mission.
- An initial record of scholarship that indicates effective collaboration and contribution to peer-reviewed research, reflected by co-authorship of peer-

reviewed publications, participation in team science initiatives, or funded effort on peer-reviewed grants.

- A record of high-quality publications that strongly indicate the ability to sustain an independent externally funded research program.
- No ongoing negative behavior such as discrimination, bullying, harassment, retaliation or promotion of other hostile work conditions.
- A track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix C].
- Strong potential for career progression and advancement through the faculty ranks.

Research Associate Professor and Research Professor

Appointment at the rank of research associate professor or research professor requires that the individual have a doctorate. The criteria for initial appointment to the rank of associate professor on the research faculty are identical to those criteria for promotion to this rank as outlined in Section VII of this document. The criteria for initial appointment to the rank of professor on the research faculty are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

4. ASSOCIATED FACULTY

Associated faculty appointments may be as short as a few weeks to assist with a focused project, a semester to teach one or more courses, or for up to three years when a longer contract is useful for long-term planning and retention. Associated faculty may be reappointed.

Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor.

Adjunct appointments are uncompensated and are given to individuals who volunteer academic service to the department for which a faculty title is appropriate and/or required. Examples of such service could include but are not limited to serving on graduate student committees or teaching and evaluating medical students. The adjunct faculty rank is determined by applying the criteria for appointment of tenure-track, clinical, or research faculty, as appropriate to the appointment. Adjunct faculty members are eligible for promotion (but not tenure) and the relevant criteria are those for promotion of tenure-track, clinical, or research faculty, as appropriate to the appointment.

Clinical Instructor of Practice, Clinical Assistant Professor of Practice, Clinical Associate Professor of Practice, Clinical Professor of Practice. Associated clinical practice faculty appointments may be compensated or uncompensated. Uncompensated appointments are given to individuals who volunteer uncompensated academic service to the department such as lecturing, staffing, supporting academic and education programs for which a faculty title is appropriate. Compensated appointments are given to full time clinicians who are not appointed to the clinical or tenure-track faculty.

This category of associated faculty will have a paid appointment at OSU, OSUP (Ohio State University Physicians, Inc.), or Nationwide Children’s Hospital (NCH) and requires a faculty appointment (e.g. for clinical credentialing or teaching a course). They may have another paid appointment at OSU (e.g. physician), but their faculty appointment can be unpaid. This may be appropriate to use for faculty appointments that are expected to be less than three years or for faculty who are paid through OSU, OSUP, or NCH but are

100% deployed in the community.

Associated practice rank is determined by applying the criteria for appointment of clinical faculty. Associated clinical practice faculty members are eligible for promotion (but not tenure) and the relevant criteria for compensated clinical practice faculty are those for promotion of clinical faculty.

Lecturer. Appointment as lecturer requires the individual have at a minimum, a Master's degree in a field appropriate to the subject matter to be taught. Evidence of ability to provide high-quality instruction is desirable. Evidence of ability to provide high-quality instruction is desirable. Lecturers are not eligible for tenure but may be promoted to senior lecturer if they meet the criteria for appointment at that rank. The initial appointment for a lecturer cannot exceed one year. Second and subsequent contracts for lecturers cannot exceed three years.

Senior Lecturer. Appointment as senior lecturer requires the individual have at a minimum, a doctorate or equivalent in a field appropriate to the subject matter to be taught, along with evidence of ability to provide high-quality instruction; or a Master's degree and at least five years of teaching experience with documentation of high quality. Senior lecturers are not eligible for tenure or promotion. The initial appointment for a senior lecturer cannot exceed one year. Second and subsequent contracts for senior lecturers cannot exceed three years.

Assistant Professor, Associate Professor, Professor with FTE below 50%.

Appointments at tenure track titles is for individuals at 49% FTE or below, either compensated (1-49% FTE) or uncompensated, fall within the associated faculty (0% FTE). The rank of associated faculty with tenure track titles is determined by applying the criteria for appointment of tenure-track faculty. Associated tenure-track faculty members are eligible for promotion (but not new granting of tenure) and the relevant criteria are those for promotion of tenure-track faculty.

Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor. Visiting faculty appointments may either be compensated or not compensated. Faculty members on temporary leave from another academic institutions are appointed as a visiting faculty member at the same rank held in that other institution. The rank at which other (non-faculty) individuals are appointed is determined by applying the criteria for appointment of tenure-track faculty. Visiting faculty appointments may also be used for new senior rank candidates for whom the appointment process is not complete at the time of their employment. In that case the visiting rank is determined by the criteria for the appointment to which they will be ultimately employed. Visiting faculty members are not eligible for tenure or promotion. They may be renewed annually for only three consecutive years.

Returning Retiree

Returning retirees are faculty who have retired from the University and return in any paid appointment at the University. Approvals are only for one year and must cover their salary and associated costs. All reemployed retiree faculty appointments must be approved by the department Chair, Dean and University Office of Academic Affairs. Reemployment as a retiree is not an entitlement. The appointment is based on the needs of the unit rather than the desire of the individual, with particular attention to the ways the reappointment can benefit the university.

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

- Associated clinical faculty with clinical responsibilities must be a licensed physician or health care provider if required for successful execution of their faculty responsibilities.
- Have significant and meaningful interaction in at least one of the following mission areas of the department and the College of Medicine:
 - a. Teaching of medical students, residents, clinical fellows, undergraduate and graduate students and postdoctoral fellow. For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.
 - b. Research: These faculty members may collaborate with the department in research projects or other scholarly activities.
 - c. Service to the department or the college: This includes participation in committees or other leadership activities (e.g., membership in the Medical Student Admissions Committee).
- No ongoing negative behavior such as discrimination, bullying, harassment, retaliation or promotion of other hostile work conditions.
- A track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix C].

5. EMERITUS FACULTY

Emeritus faculty status is an honor given in recognition of sustained academic contributions to the university as described in Faculty Rule [3335-5-36](#). Full-time tenure-track, clinical, research, or associated faculty may request emeritus status upon retirement or resignation at the age of sixty or older with ten or more years of service or at any age with twenty-five or more years of service.

Faculty will send a request for emeritus faculty status to the department chair outlining academic performance and citizenship. The faculty eligible to conduct promotion reviews within the requestor’s appointment type (see Section III.A.1-4) will review the application and make a recommendation to the Department chair. The department chair will decide upon the request, and if appropriate submit it to the dean. If the faculty member requesting emeritus status has in the ten years prior to the application engaged in serious dishonorable conduct in violation of law, rule, or policy and/or caused harm to the university’s reputation or is retiring pending a procedure according to Faculty Rule [3335-05-04](#), emeritus status will not be considered.

Emeritus faculty may not vote at any level of governance and may not participate in promotion and tenure matters.

6. COURTESY APPOINTMENTS FOR FACULTY

The Department of Anesthesiology may grant a non-salaried courtesy appointment (0% FTE) to a University faculty member from another TIU. An individual with an appointment in another TIU may request a courtesy appointment in the department when that faculty member’s scholarly and academic activity overlaps significantly with the

scholarly and academic activity in the department. Such appointments will be made in the same faculty rank/track, using the same title, as that offered in the primary TIU. Courtesy appointments are warranted only if they are accompanied by substantial involvement in the academic and scholarly work of the department.

7. JOINT APPOINTMENTS

Joint faculty appointments between the department and another academic unit or units are created for the mutual benefit from the faculty member's expertise that advance the scholarship, teaching or clinical mission of all the academic units involved and promote cross-disciplinary collaboration. These are paid faculty positions with the FTE and salary support shared between the department and one or more academic units. These appointments are therefore distinct from courtesy appointments. A [memorandum of understanding \(MOU\)](#) will be created by the department and the other academic unit(s) creating the joint appointment. The MOU will clearly define distribution of the faculty member's time commitment to the department and the other unit(s), the sources of compensation directed to the faculty member, distribution of resources, the planned acknowledgement of the academic units on manuscripts, the manner in which credit for grant funding will be attributed to the department and the other unit(s) and the distribution of grant funds among the appointing units. Unless other arrangements are specified in the MOU, the TIU in which the faculty member's FTE is greater than 50% will be considered that faculty member's TIU. Joint-appointed faculty may vote on promotion and tenure cases only in their TIU.

B. Appointment Procedures

The appointment of all compensated tenure-track, clinical, research, and associated faculty, irrespective of rank, must be based on a formal search process following the [SHIFT](#) Framework for faculty recruitment. All faculty positions must be posted in [Workday](#), the university's system of record for faculty and staff. A formal review and selection process, including interviews using pre-designed evaluation rubrics, is required for all positions. Appropriate disposition codes for applicants not selected for a position must be entered in [Workday](#) to enable the university to explain why a candidate was not selected and what stage they progressed to before being removed.

In addition, see the [Faculty Policy on Faculty Recruitment and Selection](#) and the [Policy on Faculty Appointments](#) for information on the following topics:

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

1. Tenure-Track Faculty

A national search is required to ensure a broad applicant pool of highly qualified candidates for all tenure-track positions. This includes all external candidates for all faculty positions. The only exception is for dual career partners, as described in Chapter 5, section 4.1 of the [Policies and Procedures Handbook](#). Exceptions to this policy must be approved by the University Office of Academic Affairs in advance. The search must include faculty input sufficient to reflect the perspective of all those who will collaborate and share the work environment

with the candidate and be consistent with the OAA [Policy on Faculty Recruitment and Selection](#).

The dean or designee of the college provides approval for the department to commence a search. This approval may or may not be accompanied by constraints with regard to salary, rank, and field of expertise.

The department chair or the individual who has commissioned the search, in consultation with the department Faculty Recruitment Committee, appoints a search committee, generally consisting of three or more faculty members who reflect the field of expertise that is the focus of the search, as well as other synergistic fields within the department.

Prior to any search, members of all search committees must undergo the trainings identified in the [SHIFT](#) Framework for faculty recruitment. In addition, all employees/faculty involved in the hiring and selection process must review and acknowledge the EEO Recruitment and Selection Guidelines in the BuckeyeLearn system.

The [SHIFT](#) Framework serves as a centrally coordinated guideline and toolkit to support the entire process of faculty recruitment with clear engagement from all participating stakeholders involved in the faculty hiring process. This framework is intended to provide faculty engaged in search committees and staff providing support services with the tools and support needed to attract excellent and sizeable applicant pools, conduct consistent and equitable evaluations, and successfully hire and properly onboard new faculty members who will continue our tradition of academic excellence. This framework consists of six phases, each targeting a specific stage of the recruitment process:

- “Phase 1 | Search Preparation & Proactive Recruitment” is the earliest stage in the search process. Key steps during this phase include determining faculty needs for the unit, creating a search strategy (including timeline), establishing a budget, and identifying additional partners to include in the process. The steps in this phase provide guidance on forming committees, detail training requirements for search committee members, and innovative approaches to advertising and outreach. This section also includes ideas and resources for developing qualified, sizeable talent pools to ensure alignment with university and department EEO goals and advance the eminence of the institution.
- “Phase 2 | Preliminary Review of Applicants” focuses on best practices for the application review and candidate screening processes. The guidelines and resources in this section support consistency and fairness in the review, assessment, and selection of candidates moving forward in the recruitment process. This section also outlines how to select a list of candidates for on-campus interviews.
- “Phase 3 | Finalists Interviews & Evaluations” provides guidance and tools for conducting interviews and campus visits, requesting reference letters (if not requested earlier in the application stage), and collecting feedback from everyone who interacted with the candidates. Adherence to the guidelines outlined in this section has a direct impact on enhancing the candidate experience and ensuring a consistent evaluation process. This

phase concludes with the submission of a letter from the search committee to the department chair.

- “Phase 4 | Extend Offer” provides guidance and resources related to effectively selecting the most qualified candidate(s) for the position(s) and successfully negotiating to result in an accepted offer.
- “Phase 5 | Preboard and Onboard” offers resources to help prepare and support new faculty as they transition to Ohio State. The suggestions in this phase focus on creating a seamless transition for incoming faculty and their partners/families, if applicable.
- “Phase 6 | Reflect and Assess the Search” is a process supported by OAA to reflect on the hiring cycle each year and evaluate areas that may need improvement and additional support.

If the offer involves senior rank (associate professor or above), solicitation of external letters of evaluation is required and follows the same guidelines as for promotion reviews. The eligible faculty members must also vote on the appointment. If the offer letter provides for prior service credit towards the award of tenure, the eligible faculty members vote on the appropriateness of such credit to the department chair. Appointment offers at the rank of associate professor, with or without tenure, or professor, and/or offers of prior service credit require prior approval of the University Office of Academic Affairs.

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

The department is advised to discuss potential appointment of a candidate requiring sponsorship for permanent residence or nonimmigrant work-authorized status with the Office of International Affairs. An [MOU](#) must be signed by faculty eligible for tenured positions who are not U.S. citizens or nationals, permanent residents, asylees, or refugees.

2. Clinical Faculty

Searches for initial appointments for clinical faculty should follow the same procedures as those utilized by the department and the College of Medicine for tenure-track faculty, with the exception that the candidate is not required to give a presentation. A national search is required to ensure a significant pool of highly qualified candidates for all clinical faculty positions. This includes all external candidates for all faculty positions. The only exception is for dual career partners, as described in Chapter 5, section 4.1 of the [Policies and Procedures Handbook](#). Exceptions to this policy must be approved by the University Office of Academic Affairs in advance. As above, faculty appointed to the clinical faculty should evidence a career consistent with the values (see Section III: inclusiveness, determination, empathy, sincerity, ownership, & innovation) of the department and the college..

3. Research Faculty

Searches for initial appointments in the research faculty should follow the same procedures as those utilized by the department and the College of Medicine for tenure-track faculty. As for candidates for appointment to the tenure-track

faculty, it is recommended that research faculty candidates make a presentation to learners and faculty regarding their scholarship, with the exception that during the interview the candidate is not asked to teach a class. A national search is required to ensure a sizeable pool of highly qualified candidates for all research faculty positions. This includes all external candidates for all faculty positions. The only exception is for dual career partners, as described in Chapter 5, section 4.1 of the [Policies and Procedures Handbook](#). Exceptions to this policy must be approved by the University Office of Academic Affairs in advance. As above, faculty appointed to this track should evidence a career consistent with the values (see Section III: inclusiveness, determination, empathy, sincerity, ownership, & innovation) of the department and the college.

4. Transfers: Track and TIU

Transfers between faculty categories are permitted only under the strict guidelines detailed in the paragraphs below, per University Rules for transferring from the tenure track faculty to the clinical/teaching/practice faculty ([3335-7-09](#)) and clinical/teaching/practice faculty to the tenure-track faculty ([3335-7-10](#)), tenure-track faculty to research faculty ([3335-7-38](#)) and research faculty to the tenure-track faculty ([3335-7-39](#)). A transfer to a different track should be motivated by a clear change in a faculty member's career orientation and goals. An engaged, committed, productive and intellectually driven faculty should be the ultimate goal of all appointments.

Transfer: Tenure-Track to Clinical Faculty

If a faculty member's activities become more aligned with the criteria for appointment to the clinical faculty, they may request a transfer. A transfer request must be approved by the department chair, dean, and executive vice president and provost. The first appointment to the clinical faculty is probationary; and tenure, or the possibility thereof, is revoked. The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed. The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities.

Transfer: Tenure-Track to Research Faculty

If faculty members wish to engage exclusively in research, without the multiple demands required of the tenure-track, they may request a transfer. A transfer request must be approved by the department chair, dean, and executive vice president and provost. The first appointment to the research faculty is probationary; and tenure, or the possibility thereof, is revoked. The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed. The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities.

Transfer: Clinical or Research to Tenure-Track

Transfer from the clinical faculty or research faculty to the tenure-track is not permitted, but clinical and research faculty are eligible to apply for tenure-track positions through a competitive national search. The new letter of offer must

outline a new set of expectations for the faculty member aligned with the new responsibilities.

Transfer: Tenure Initiating Unit (TIU Transfer)

Following consultation with the TIU chairs and college dean(s), a tenure-track faculty member may voluntarily move from another TIU to the department upon approval of a simple majority of eligible faculty in the department. The eligible faculty in such cases are the tenure-track faculty eligible to vote on faculty appointments at the transferee's rank. See Section III.A.1 above. Approval of the transfer by University OAA is dependent on the establishment of mutually agreed upon arrangements between the administrators of the affected TIUs, including the department chairs, college dean(s), and the faculty member. An MOU signed by all parties, including University OAA, must describe in detail the arrangements of the transfer. Administrative approval will be dependent on whether satisfactory fiscal arrangements for the change have been made. Since normally the transferring faculty member will fill an existing vacancy in the department, the MOU will describe the resources supporting the position, including salary, provided by the receiving unit.

The University Office of Academic Affairs can provide guidance to non-tenure-track faculty about the process for transferring from one TIU to another.

5. Associated Faculty

The appointment of compensated associated faculty members follows a formal search following the [SHIFT](#) Framework, which includes a job posting in [Workday](#) (see Section IV.B) and candidate interviews. The appointment is then decided by the department chair based on recommendation from the search committee. The reappointment of all compensated associated faculty members is decided by the department chair in consultation with the department's Appointments, Promotions and Tenure Committee.

Compensated associated appointments are generally made for a period of one to three years, unless a shorter or longer period is appropriate to the circumstances.

Appointment and reappointment of uncompensated adjunct or visiting faculty may be proposed by any faculty member in the department and are decided by the department chair in consultation with Appointments, Promotions and Tenure committee.

Visiting appointments may be made for one term of up to three years or on an annual basis for up to three years.

Lecturer and senior lecturer appointments are made on an annual basis and rarely semester by semester. After the initial appointment, and if the department's curricular needs warrant it, a multiple year appointment may be offered.

All associated appointments expire at the end of the appointment term and must be formally renewed to be continued.

6. Courtesy Appointments for Faculty

Any department faculty member may propose a 0% FTE (courtesy) appointment for a tenure-track, clinical, or research faculty member from another Ohio State tenure-initiating unit. A proposal that describes the uncompensated academic service to the department justifying the appointment must be approved by the chair in consultation with the faculty. If the proposal is approved by the eligible faculty, the department chair extends an offer of appointment. The department chair reviews all courtesy appointments every three years to determine whether they continue to be justified and takes recommendations for nonrenewal before the faculty for a vote at a regular meeting.

7. Joint Appointment

The department may propose a joint appointment for a faculty member from another OSU TIU as described in Section V.A.7 The process by which these appointments are granted, the duration of the appointments and the procedures by which the appointments are renewed are described in Appointments, Section A.7.

Approval of the joint appointment by University OAA is dependent on the establishment of mutually agreed upon arrangements between the administrators of the affected TIUs, including the department chairs, college dean(s), and the faculty member. An [MOU](#) signed by all parties, including University OAA, must describe in detail the arrangements of the joint appointment. Administrative approval will be dependent on whether satisfactory fiscal arrangements for the change have been made.

VI. ANNUAL PERFORMANCE AND MERIT REVIEW

The department is obligated to follow the requirements for annual performance and merit reviews as set forth in the [Policy on Faculty Annual Review and Reappointment](#), which stipulates that such reviews must include a scheduled opportunity for a face-to-face meeting for all probationary faculty, an opportunity for a face-to-face meeting for all other compensated faculty members, as well as a written assessment. According to the policy, the purposes of the review are to:

- Assist faculty in improving professional productivity through candid and constructive feedback and through the establishment of professional development plans;
- Establish the goals against which a faculty member's performance will be assessed in the foreseeable future; and
- Document faculty performance in the achievement of stated goals in order to determine salary increases and other resource allocations, progress toward promotion, and, in the event of poor performance, the need for remedial steps.

The department chair may designate the responsibility for annual performance and merit reviews to appropriate unit administrators. However, the department chair must schedule a face-to-face meeting with all probationary faculty as part of the review. An opportunity for a face-to-face meeting with the department chair or the chair's designee must be provided to all tenured and non-probationary faculty. In all cases, accountability for the annual review process resides with the department chair. This must be a thorough review that accurately reflects the faculty member's performance in the previous year.

- Depending on a faculty member's appointment type, the review is based on expected performance in teaching, scholarship, and service as set forth in the department's

- guidelines on faculty duties and responsibilities; on any additional assignments and goals specific to the individual; and on progress toward promotion where relevant.
- The review must include the College of Medicine’s expectation for collegiality. Faculty are expected to set a high example of collegiality in the workplace with respect for personal boundaries.
- The review of faculty with budgeted joint appointments must include input from the joint appointment TIU head for every annual evaluation cycle. The input should be in the form of a narrative commenting on faculty duties, responsibilities, and workload; on any additional assignments; and on goals specific to the individual in the joint unit.
- Meritorious performance in teaching, scholarship, and service is assessed in accordance with the same criteria that form the basis for promotion decisions.
- Annual performance and merit reviews must include a scheduled opportunity for a face-to-face meeting as well as a written assessment.
- Per Faculty Rule [3335-3-35](#), the department chair is required to include a reminder in annual review letters that all faculty have the right (per Faculty Rule [3335-5-04](#)) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.

The dean must assess an annual performance and merit review when the department has submitted (1) a Report of Non-Renewal of Probationary Appointment of Faculty; (2) the fourth-year review of a probationary faculty member; or (3) a Report of Contract Renewal or Non-Renewal for clinical faculty or research faculty. In each of these cases, the decision of the dean is final.

A. Documentation

The department may create a standardized evaluation tool to suit its unique needs. For their annual performance and merit review, compensated faculty members must submit the following documents to the department chair no later than June 1st:

- Office of Academic Affairs [dossier outline](#) (*required for probationary faculty*) or updated documentation of performance and accomplishments (*non-probationary faculty*)
- Updated CV, which will be made available to all faculty in an accessible place (*all faculty*).

If a chair’s designee conducts the annual review, there must be a mechanism for appraising the chair of each faculty member’s performance. In the case of a designee, the designee submits a written performance review to the department chair along with comments on the faculty member's progress toward promotion. The department chair or designee conducts an independent assessment, meets with the faculty member to discuss their performance, collegiality, and future plans and goals, and prepares a written evaluation on these topics. The faculty member may provide written comments on the review. Accountability for the annual review process resides with the department chair. The department chair or their designee will supply each faculty member with a written evaluation of their performance, in narrative format and must be signed by both the faculty member and department chair or his/her/their designee.

Other documentation for the annual performance and merit review will be the same as that for consideration for promotion and/or tenure. That documentation is described in Section VI of this document.

Under no circumstances should faculty solicit evaluations from any party for purposes of the annual performance and merit review, as such solicitation places its recipient in an awkward position and produces a result that is unlikely to be candid.

B. Probationary Tenure-Track Faculty

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

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

If the department chair recommends nonrenewal, the Fourth-Year Review process (per Faculty Rule [3335-6-03](#)) is invoked. Following completion of the comments process, the complete dossier is forwarded to the college for review and the Dean makes the final decision on renewal or nonrenewal of the probationary appointment.

1. Fourth-Year Review

Each faculty member in the fourth year of probationary service must undergo a review using the same process as the review for promotion and tenure, with two exceptions: external letters of evaluation will not be required, and the dean (not the department chair) makes the final decision regarding renewal or nonrenewal of the probationary appointment. 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.

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

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

The eligible faculty forwards a record of the vote and a written performance review to the department chair, who conducts an independent assessment of performance and prepares a written evaluation that includes a recommendation on whether to renew the probationary appointment. At the conclusion of the department review, the formal comments process (per Faculty Rule [3335-6-04](#)) is followed and the case is forwarded to the college for review, regardless of whether the department chair recommends renewal or nonrenewal.

If either the department chair or the dean recommends nonrenewal of a faculty member's probationary contract, the case will be referred to the college's Promotion and Tenure Committee, which will review the case, vote and make a recommendation to the dean. The dean makes the final decision regarding renewal or nonrenewal of the probationary appointment.

2. Eighth Year Review

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

3. Extension of the Tenure Clock

[Faculty Rule 3335-6-03 \(D\)](#) sets forth the conditions under which a probationary tenure track faculty member may extend the probationary period. [Faculty Rule 3335-6-03 \(E\)](#) does likewise for reducing the probationary period. A faculty member remains on duty regardless of extensions or reductions to the probationary period, and annual reviews are conducted in every probationary year regardless of time extended or reduced. Approved extensions or reductions do not limit the department's right to recommend nonrenewal of an appointment during an annual review.

C. Annual Review Procedures: Tenured Faculty

Associate professors are reviewed annually by the department chair or his/her/their designee. In the case of a designee, the designee submits a written performance review to the department chair along with comments on the faculty member's progress toward promotion. The department chair or designee conducts an independent assessment, meets with the faculty member to discuss their performance, collegiality, and future plans and goals, and prepares a written evaluation on these topics. The faculty member may provide written comments on the review. Accountability for the annual review process resides with the department chair.

Professors are reviewed annually by the department chair or his/her/their designee, who meets with the faculty member to discuss their performance, collegiality, and future plans and goals. The annual review of professors is based on their having achieved sustained excellence and ongoing outcomes in the discovery and dissemination of new knowledge relevant to the mission of the department, as demonstrated by: ongoing national and international recognition of their scholarship; ongoing excellence in teaching, mentoring learners or junior faculty; and ongoing outstanding service to the department, the college, the university, the community and their profession, including their support for the mentoring and professional development of assistant and associate professors. Professors are expected to be role models in their academic work, interaction with colleagues and learners, and in the recruitment and retention of junior colleagues. As the highest-ranking members of the faculty, the expectations for academic leadership and mentoring for professors exceed those for all other members of the faculty.

If a professor has an administrative role, the impact of that role and other assignments will be considered in the annual review. The department chair or his/her/their designee prepares a written evaluation of performance against these expectations. The faculty member may provide written comments on the review.

D. Annual Review and Reappointment Procedures: Clinical Faculty

The annual review process for clinical probationary and non-probationary faculty is identical to that for tenure-track probationary and tenured faculty, respectively, except that non-probationary clinical faculty may participate in the review of clinical faculty of lower rank. A subcommittee of the eligible faculty may provide a written review if asked by the department chair or designee. Accountability for the annual review process resides with the department chair.

In the penultimate year of a clinical faculty member's appointment, the department chair must determine whether the position held by the faculty member will continue. A formal performance review is necessary to determine whether the faculty member will be offered reappointment. The reappointment review during the probationary period (i.e. initial term) requires a dossier and a complete CV which is reviewed by the committee of eligible faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract. If the position will not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule [3335-6-08](#) must be observed. There is no presumption of renewal of contract.

E. Annual Review and Reappointment Procedures: Research Faculty

The annual review process for research faculty who are probationary and non-probationary is identical to that for tenure-track probationary and tenured faculty, respectively, except that non-probationary research faculty may participate in the review of research faculty of lower rank. A subcommittee of the eligible faculty may provide a written review if asked by the department chair or designee. Accountability for the annual review process resides with the department chair.

In the penultimate year of a research faculty member's appointment, the department chair must determine whether the position held by the faculty member will continue. A formal performance review is necessary to determine whether the faculty member will be offered reappointment. The reappointment review during the probationary period (i.e. initial term) requires a dossier and a complete CV which is reviewed by the committee of eligible faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract. If the position will not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule [3335-6-08](#) must be observed. There is no presumption of renewal of contract. For faculty in one- and two-year appointment terms, the department must ensure these faculty receive the appropriate review and notification according to their term.

F. Annual Review Procedures: Associated Faculty

Compensated associated faculty members must be reviewed annually before reappointment. The department chair, or designee, prepares a written evaluation and meets with the faculty member to discuss their performance, collegiality, future plans, and goals. The department chair's recommendation on renewal of the appointment is final and follows a vote of the eligible faculty. 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 his/her/their designee, who prepares a written evaluation and meets with the faculty member to discuss his/her/their performance, future

plans, and goals. No later than October 15 of the final year of the appointment, the department chair will decide whether or not to reappoint. The department chair's decision on reappointment is final and follows a vote of the eligible faculty.

When considering reappointment of non-compensated associated faculty members, at a minimum, their contribution to the department must be assessed on an annual basis and documented for the individual's personnel file. This may take the form of self-evaluation. Neither a formal written review nor a meeting is required.

G. Salary Recommendations

The department chair makes annual salary recommendations to the dean, who may modify them. For clinicians, salary recommendations are under the auspices of the College of Medicine Compensation Plan.

In formulating recommendations, the department chair consults with the department's senior leaders consisting of Vice Chairs as well as the members of the Department's Finance Committee. The department chair should proactively engage in an annual equity audit of faculty salaries to ensure that salaries reflect the market and are internally equitable by the department and subject to the Faculty Group Practice (FGP) Compensation Plan as appropriate. Salary increases should be based upon these considerations.

It is the expectation of the college that merit salary increases and other rewards made by a department will be made consistent with this APT document and other relevant policies, procedures, practices, and standards established by: (1) the department, (2) the college, (3) the Faculty Rules, (4) the University Office of Academic Affairs, and (5) the Office of Human Resources.

Meritorious performance in teaching, scholarship, and service are assessed in accordance with the same criteria that form the basis for promotion decisions. The time frame for assessing performance will be the past 24 months, with attention to patterns of increasing or declining productivity. Faculty with high-quality performance and a pattern of consistent professional growth will be viewed positively. Faculty members whose performance is unsatisfactory in one or more core areas as defined by the department are likely to receive minimal or no salary increases.

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

Faculty who fail to submit the required department-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.

VII. PROMOTION AND TENURE AND PROMOTION REVIEWS

Outlined below are the department's formal criteria for academic advancement, including promotion in each faculty category and awarding of tenure. This information demonstrates that the department's criteria are in alignment with the College of Medicine standards.

The College of Medicine expects that when the department forwards the dossier of a candidate for review and has recommended promotion and/or granting of tenure, every diligent effort has been made to ensure the qualifications of the candidate meet or exceed applicable criteria.

Annually, the University Office of Academic Affairs establishes specific guidelines, procedures, and schedules for the review of candidates for promotion and tenure. The College of Medicine Office of Faculty Affairs also establishes and communicates the latest date for the receipt of dossiers for annual consideration by the college. Upon receipt of a candidate's dossier, the College of Medicine Office of Faculty Affairs will submit the dossier to the college's Promotion and Tenure Committee for formal review. The committee will review the dossier and convey to the dean in writing a recommended action to be taken. The dean will consider the recommendations of the committee and will convey, in writing, a recommended action to the executive vice president and provost.

Faculty Rule [3335-6-02](#) provides the following context for promotion and tenure and promotion reviews:

In evaluating the candidate's qualifications in teaching, scholarship, and service, reasonable flexibility shall be exercised, balancing, where the case requires, heavier commitments and responsibilities in one area against lighter commitments and responsibilities in another. In addition, as the university enters new fields of endeavor, including interdisciplinary endeavors, and places new emphases on its continuing activities, instances will arise in which the proper work of faculty members may depart from established academic patterns. In such cases care must be taken to apply the criteria with sufficient flexibility. In all instances superior intellectual attainment, in accordance with the criteria set forth in these rules, is an essential qualification for promotion to tenured positions. Clearly, insistence upon this standard for continuing members of the faculty is necessary for maintenance and enhancement of the quality of the university as an institution dedicated to the discovery and transmission of knowledge.

A. Criteria and Evidence that Support Promotion

Although institutional citizenship and collegiality are expected, they cannot be used as an independent criterion for promotion or tenure. The department recognizes, however, that these positive attributes define the ability of a faculty member to contribute effectively to exemplary teaching, scholarship, and service.

A commitment to these values and principles is demonstrated, for example, by participation in faculty governance and community outreach; activities related to the University's [Shared Values](#); adherence to principles of the responsible conduct of research; constructive conduct and ethical behavior during the discharge of responsibilities and authority; and the exercise of rights and privileges consistent with the [American Association of University Professors' Statement on Professional Ethics](#).

This department is committed to assessing the practice of these values and principles as part of all performance evaluations. Except when the university dictates any type of across-the-board salary increase, all funds for annual salary increases will be directed toward rewarding meritorious performance and the active promotion of an enriching working and learning environment through collegiality, civility, and openness to a broad range of ideas and opinions.

1. Promotion of Tenure-Track Faculty

a. Promotion to Associate Professor with Tenure

Faculty Rule [3335-6-02](#) provides the following general criteria for promotion to associate professor with tenure:

The awarding of tenure and promotion to the rank of associate professor must be based on convincing evidence that the faculty member has achieved excellence as a teacher, as a scholar, and as one who provides effective service; and can be expected to continue a program of high-quality teaching, scholarship, and service relevant to the mission of the academic unit(s) to which the faculty member is assigned and to the university.

Promotion to the rank of associate professor with tenure occurs when a faculty member exhibits convincing evidence of excellence in the discovery and dissemination of new knowledge, as demonstrated by a national level of impact and recognition of scholarship. In addition, excellence in teaching and service is required, but alone is not sufficient for promotion and awarding of tenure. The quality of these activities should be demonstrable at the College, University and/or national levels and be consistent with the College's values. Faculty being promoted to associate professor should exhibit professionalism and foster a safe and collaborative work environment. These three key areas of achievement: scholarship, teaching, and service, are individually discussed below. Achievement of national recognition and impact is a prerequisite for promotion to associate professor and awarding of tenure.

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

The award of tenure is an acknowledgement of excellence and future potential for preeminence. It is therefore essential to evaluate and judge the probability that faculty, once tenured, will continue to develop professionally and contribute to the department's academic mission at a high level for the duration of their time at the university.

Every candidate is held to a high standard of excellence in all aspects of performance. Above all, candidates are held to a very high standard of excellence in the areas central to their responsibilities. For example, if a candidate's primary teaching role is and will continue to be undergraduate teaching, then excellence in undergraduate teaching is required. A mediocre performance in this area would not be adequately counterbalanced by excellent performance in another aspect of teaching that is a significantly smaller part of the individual's responsibilities.

Excellence in teaching, scholarship, and service is moreover defined to include professional ethical conduct in each area of responsibility, consistent with the [American Association of University Professors' Statement on Professional Ethics](#).

The content below is not meant to be exhaustive or applicable to all disciplines but is provided to demonstrate the types of criteria and evidence that may support promotion to associate professor with tenure.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence /Documentation
Discovery and dissemination of new knowledge	• Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, team science, quality improvement, public health and community research, implementation science, and diffusion research, among many potential others. • Substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings
A sustained record or scholarly productivity, reflected in both quantity and quality of publications	• 15-25 peer-reviewed publications since appointment as an assistant professor. This range suggests a scope of achievement and not inflexible requirements for promotion. Specific metrics in support of excellence in scholarship may be discipline-specific. For example, clinician investigators will have less time available for research than basic investigators and appropriate adjustments of these criteria should be made. • Overall impact of scholarship is important. High impact and positive trajectory of scholarship, including work showing national impact in the College and University values. • Impact can include but is not limited to social media penetration, blog subscription, Altmetrics score, non-academic invited presentations, or collaborations that advance the mission of the university or the field, and interviews by reputable national media outlets on scholarly topics, however, this does not in and of itself demonstrate the impact of research. • The pattern of scholarship should include an increasing proportion of publications as first, senior, or corresponding author, but importance of other authorship positions as a key/indispensable contributor is to be considered. • The number of citations of their publications, and/or citation record may be used to demonstrate impact of work. • Although review articles may form a portion of the publication list (typically less than 30%) and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles.

	• Book chapters or reviews alone or in majority will not be sufficient for promotion. • The impact factor of a journal may or may not reflect the quality of the scholarship. For example, in some areas of research the best journal may have a relatively low impact factor but may be highly cited. Conversely, publication in journals with a very high impact factors reflects broader interest but does not in and of itself demonstrate the impact of research. • There should exist a trajectory of increasing scholarly activity and outcomes over time. • It should be appreciated that evidence of scholarship below the specified range does not preclude a positive promotion decision and that scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or in the context of poor performance in other areas, such as evidence of teaching excellence.
Obtaining a national recognition and impact for a program of scholarship	• Evidence of sustained or multiple external peer-reviewed grant support. • Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections. • Social media portfolios such as blog vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics.
	• The above support the demonstration of national recognition and impact but this list is not comprehensive.
Participation in collaborative, multidisciplinary research or team science	• 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. • Participation as MPI or co- principal investigator on nationally funded projects, principal investigator of components of NIH U or P grants, and participation as an essential core service provider on multiple externally- funded grants in which the contribution of the faculty member is clearly evident.
Innovation and entrepreneurship	• Entrepreneurship with patents and licenses of invention disclosures, software development, and materials technology commercialization. • Designing and/or supervising the construction of creative products (e.g., new technologies, devices, software, algorithms) which advance health-related science and healthcare.

	• Developing and securing intellectual property such as patents, patent disclosures and licensing of University-developed intellectual property. • Commercializing intellectual property through innovation and entrepreneurial activities such as entity creation, formation of startup companies and licensing and option agreements. • Engaging in reciprocal partnership with the community, involving mutually beneficial exchanges of knowledge and the creation, delivery and assessment of timely, unbiased, educational materials and programs that address relevant, critical and emerging issues. • 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 revenue should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. • Entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier. In as much as there are no expressly defined metrics for entrepreneurship, the Department will analyze these flexibly.
Evidence of sustained or multiple external peer reviewed grant support, national foundation awards, or large-scale industry collaborations	<u>Candidates <i>without</i> significant clinical responsibilities:</u> • 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) or Multiple Principal investigator) (MPI) on a R01 PO1 or U54 or have obtained a mid-career K award or other comparable funding, including but not limited to PCORI, NSF, DoD, DARPA, CDC, USDA, AHRQ, etc. • For candidates seeking promotion to Professor, they should ideally have demonstrated sustainability of their research program by renewal of the NIH R01 (or equivalent) award and/or by garnering a second distinct nationally competitive, peer reviewed grant as PI or MPI. The latter may include another R01 (or equivalent) for faculty who are without significant clinical duties. <u>Candidates <i>with</i> significant clinical responsibilities:</u> • Candidates for promotion to associate professor with tenure who have significant clinical responsibilities are expected to obtain extramural (NIH or comparable, as defined above) funding as a PI or MPI to support their research program. • In the era of team science, investigators with significant clinical responsibilities who serve as investigators on multiple NIH R01 grants (or equivalent) can satisfy the

	requirement for sustained extramural funding if it also meets the salary recovery policy on extramurally funded grants. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies will meet the equivalent criteria of extramural funding. • Candidates seeking promotion to professor should ideally have demonstrated sustainability of their research program by renewal of the NIH R01 (or equivalent) award and/or by garnering a second distinct nationally competitive, peer reviewed grant as PI or MPI. For faculty with significant clinical duties, the latter may include PI support on an NIH R44, R03, R21 or R34 grant or support from prominent national charitable foundations (e.g., American Heart Association, American Diabetes Association, American Cancer Society, etc.), an investigator-initiated industry grant, or a grant from other federal entities including but not limited to AHRQ, Centers for Disease Control and Prevention, Food and Drug Administration, Department of Defense and the National Science Foundation. • For clinician scientists, depending on the extent of clinical responsibilities, sustained and significant funding through pharmaceutical or other industry for investigator-initiated proposals may be considered. • Serving as the site-principal investigator for a multi-center trial does not satisfy the expectation for extramural funding on the tenure track. • Creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding. • In <u>rare</u> circumstances, a faculty member's expertise may not justify principal investigator level status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding.
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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 since appointment to the tenure track at The Ohio State University. It should be appreciated that evidence of scholarship below the specified range does not preclude a positive promotion decision especially if reasonable extenuating circumstances exist. Scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or without impact or focus. Scholarship in the context of poor performance in other areas such as absence of evidence of teaching excellence may affect decisions.

TEACHING	
Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation

A strong and consistent record of effective teaching and mentoring	• Positive evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers (<i>required</i>). The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Teaching awards and other honors. • Teaching excellence is most commonly demonstrated in this track through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals and similar activities. • Documented impact on teaching and training programs, including curricular innovation, new teaching modalities such as web-based design, mobile application, virtual teaching, methods of evaluating teaching, program or course development, publications on teaching, and societal leadership in education. • Development of impactful, innovative programs that integrate teaching, research and patient care are valued. • Programs that improve access to teaching for trainees and engagement of learners. • Active participation as a mentor or co-mentor in training grants such as NIH T32 or K-awards, F31, F32 or other mentored fellowship awards for graduate students or postdoctoral fellows is highly valued as a teaching and mentoring activity. • Credible evidence for mentoring requires not only a list of those mentored but their accomplishments, which reflect the effectiveness of the faculty member's mentorship. Achievement by direct mentees includes publications, external funding, and invited presentations. • Professional development in the mentoring or teaching of learners, and making changes to teaching or mentoring approaches to foster career development are highly valued.
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SERVICE Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Administrative service to the department, COM, or University	• Appointment to, election to, or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups.
Advocacy for healthcare	• Advocacy for community engagement in healthcare delivery and healthcare access
Excellent patient care (if applicable)	• Clinical program development or enhancement. • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program to promote community engagement in healthcare delivery or healthcare access.
Professional service to the field of Anesthesiology	• 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. • Professional service to the faculty member's discipline. • The provision of professional expertise to public and private entities beyond the University, including service on panels and commissions, and professional consultation to industry, government, education, and non-profit organizations. • Evidence of the provision of professional expertise to public and private entities beyond the University includes service as a grant reviewer including service on ad hoc or regular NIH or other federal agency grant study sections, serving as an external program examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. • Service to local and national professional societies, service as an advocate for healthcare and healthcare funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Anesthesiology and The Ohio State University, Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

b. Promotion to Associate Professor without Tenure (in Advance of Tenure)

Faculty members with significant clinical responsibilities with an eleven-year probationary period who fully meet the teaching and service requirements for promotion to associate professor with tenure, but not all of the research requirements, may petition for promotion to associate professor without tenure. The criteria for promotion to Associate Professor in advance of tenure will require a level and pattern of achievement that demonstrates that the candidate is making significant progress toward tenure but has not yet achieved all the requisite criteria for promotion with tenure. Specifically, the candidate should demonstrate evidence of an emerging national recognition.

In addition, the Department's Appointments, Promotions and Tenure Committee or administrators (Chair or Dean) may determine that a faculty member's accomplishments do not merit tenure and may recommend promotion in advance of tenure even if a faculty member has requested promotion with tenure.

Promotion in advance of tenure may only occur if a candidate is not in the final mandatory review year. Faculty members who are promoted without the award of tenure must be considered for tenure no later than the mandatory review date or six years following promotion, whichever comes first.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence /Documentation
Discovery and dissemination of new knowledge	• Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, team science, quality improvement, public health and community research, implementation science, and diffusion research, among many potential others. • Substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings
Substantial progress toward the establishment of a thematic program of scholarship	• Consistent and increasing number of peer-reviewed publications as first or senior author or evidence as a key/indispensable co- author. • 10-15 peer-reviewed publications since appointment as an assistant professor. • High impact and positive trajectory of scholarship, including work showing national impact in the College and University values. • The pattern of scholarship should include an increasing proportion of publications as first, senior, or corresponding author, but importance of other authorship positions as a key/indispensable contributor is to be considered. • The number of citations of their publications, and/or citation record may be used to demonstrate impact of work. • Although review articles may form a portion of the publication list (typically less than 30%) and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles. • Book chapters or reviews alone or in majority will not be sufficient for promotion. • The impact factor of a journal may or may not reflect the quality of the scholarship. For example, in some

	areas of research the best journal may have a relatively low impact factor but may be highly cited. Conversely, publication in journals with a very high impact factor reflects broader interest but does not in and of itself demonstrate the impact of research. • There should exist a trajectory of increasing scholarly activity and outcomes over time. • Evidence of scholarship below the specified range does not preclude a positive promotion decision and evidence of scholarship above the specified range does not guarantee a future favorable tenure decision.
Emerging national recognition	• Invitations to serve as ad hoc journal reviewer. • Invited lectures outside of the University. • Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections.
Promising trajectory in extramural funding	• Serving as a principal investigator on an R21, R03, K award or an equivalent grant, co-investigator status on a R01 NIH grant award. • Serving as principal investigator on foundation or other extramural grants.

Teaching Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Strong and consistent record of effective teaching and mentoring	• Positive evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers (<i>required</i>). The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Teaching awards and other honors
	• Documented impact on teaching and training programs, including curricular innovation, new teaching modalities such as web-based design, mobile application, virtual teaching, methods of evaluating teaching, program or course development, publications on teaching, and societal leadership in education. • Development of impactful, innovative programs that integrate teaching, research and patient care are valued. • Programs that improve access to teaching for trainees and engagement of learners. • Achievement by direct mentees, including publications, external funding, and invited presentations.

	• Clear trend of outstanding or improving teaching evaluations. • Evaluations of presentations at other academic institutions, scientific or professional societies, or other health care organizations. • Professional development in the mentoring or teaching of trainees and making changes to teaching or mentoring approaches to foster career development.
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SERVICE AND ENGAGEMENT Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Administrative service to the Department, COM, or University	• Appointment to, election to, or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Service on Department or COM APT committee • Participation on the Institutional Review Board or Intramural Research Review Committee
Advocacy for healthcare	• Advocacy for healthcare, community health
Excellent patient care (if applicable)	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community • Design and implementation of a novel program to improve community engagement in healthcare delivery or healthcare access.
Professional service to the field of Anesthesiology	• Indicators of service consistent with promotion in advance of tenure will include service primarily within the institution with the beginning of a record of service outside the institution. • Service should also include activities as an ad hoc reviewer for journals or serving on editorial boards or editorships of scholarly journals or textbooks. • Similarly, innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to increase community engagement within the Department, College, University or beyond, can be considered service activities. • Provision of professional expertise to public and private entities beyond the University, or service on the advisory board for local and regional academic organizations. • Service as a grant reviewer for national funding agencies, elected or appointed offices held. • Service on panels and commissions, and professional consultation to industry, government, education, and non-profit organizations.

	Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
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It is noted that scholarship below the suggested benchmarks does not preclude promotion in advance of tenure nor does achievement beyond guidelines for promotion in advance of tenure assure promotion. See section VII.A.1 for a discussion of quality metrics for publications.

c. Promotion to Professor with Tenure

Faculty Rule [3335-6-02](#) establishes the following general criteria for promotion to the rank of professor:

Promotion to the rank of professor must be based on convincing evidence that the faculty member has a sustained record of excellence in teaching; has produced a significant body of scholarship that is recognized nationally or internationally; and has demonstrated leadership in service.

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

When assessing a candidate's national and international reputation in the field, a national and international reputation for the scholarship of teaching may be counted as either teaching or scholarship.

In addition, as further specified by Faculty Rule [3335-6-02](#), assessment is in relation to specific assigned responsibilities with reasonable flexibility being exercised in order to balance, where the case requires, heavier responsibilities and commitment in one area against lighter ones in another. Promotion should reflect the reality that (a) not all faculty members have the same distribution of assignments (b) not all faculty members will be able to contribute excellence equally in all evaluation dimensions; and (c) there is a multi-faceted institutional responsibility that must be achieved by the skills of the faculty collectively. Promotion to professor should be awarded not only to those faculty who have demonstrated impact in their scholarship of research and creative inquiry, teaching and learning, and service, but also to those who have exhibited excellence in leadership to make visible and demonstrable impact upon the mission of the department, college and university.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence /Documentation
Discovery and dissemination of new knowledge	- Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, team science, quality improvement, public health and community research, implementation science, and diffusion research, among many potential others. - Substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings
A sustained record or scholarly productivity, reflected in both quantity and quality of publications	- Candidates for promotion to Professor should ideally have 25-35 peer-reviewed publications since their promotion to Associate Professor. However, this is a range that suggests a scope of achievement and not an inflexible requirement for promotion. Specific metrics in support of excellence may be adjusted <u>within</u> the range of 25-35 peer-reviewed manuscripts based on the overall pattern of the faculty member's responsibilities. Overall impact of scholarship is important. - The pattern of scholarship should include a substantial proportion of publications as senior or corresponding author, but importance of other authorship positions as a key/ indispensable contributor is considered. - High impact and continued trajectory in their scholarly productivity. - Number of citations of their publications, the trajectory of the publication and/or citation record.
	- Although review articles may form a portion of the publication list (typically less than 30%) and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles - Book chapters or reviews alone or in majority will not be sufficient for promotion. - Work showing international impact in the College and University values. - The impact factor of a journal may or may not reflect the quality of the scholarship. For example, in some areas of research the best journal may have a relatively low impact factor but may be highly cited. Conversely, publication in journals with a very high impact factors reflects broader interest but does not in and of itself demonstrate the impact of research. - There should exist a trajectory of increasing scholarly activity and outcomes over time.
National Leadership and International Reputation	Election or appointment to a leadership position in a national or international society.

	• Service as a national committee or task force chair, service on an NIH or other federal grant review panel, peer recognition or awards for research, editorial boards or editorships of scientific journals, and invited lectures at hospitals or universities outside the country or at meetings of international societies. • Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • National/international reputation/impact may also be demonstrated in part through non-traditional metrics (e.g., social media portfolios, Altmetrics scores) [See Defining Impact above].
Participation in collaborative, multidisciplinary research and team science	• Record of collaborative scholarship with manuscripts on which authorship is first, senior, or corresponding. Middle authorship that is uniquely contributory, clear, and well documented is also valued. • Participation as MPI or co-principal investigator on nationally funded projects, principal investigator of components of NIH U or P grants, and participation as an essential core service provider on multiple externally- funded grants in which the contribution of the faculty member is clearly evident.
Innovation and entrepreneurship	• Entrepreneurship with patents and licenses of invention disclosures, software development, and materials technology commercialization
	• Designing and/or supervising the construction of creative products (e.g., new technologies, devices, software, algorithms) which advance health-related science and healthcare • Developing and securing intellectual property such as patents, patent disclosures and licensing of University-developed intellectual property • Commercializing intellectual property through innovation and entrepreneurial activities such as entity creation, formation of startup companies and licensing and option agreements • Engaging in reciprocal partnership with the community, involving mutually beneficial exchanges of knowledge and the creation, delivery and assessment of timely, unbiased, educational materials and programs that address relevant, critical and emerging issues • 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 revenue should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact.

	• Entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier
Evidence of sustained or multiple external peer reviewed grant support, national foundation awards, or large-scale industry collaborations	• Candidates for promotion will be expected to have <u>developed</u> and <u>maintained</u> nationally competitive and peer-reviewed extramural funding to support their research program including sustained extramural funding) since promotion to Associate Professor. • At a minimum, any candidate 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 R01 (or equivalent) awards. This may include NIH (or comparable) funding as a PI or MPI on a R01, P01, U54, or other comparable funding, including but not limited to the National Science Foundation, the Health Resources and Services Administration, the Patient Centered Outcomes Research Initiative (PCORI), the Department of Defense, the Food and Drug Administration, the US Department of Agriculture, the Agency for Healthcare Research and Quality, the Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention and others. • Other funding sources may include support from prominent national charitable foundations or other funding agencies. Examples include the American Heart Association, the American Cancer Society, a major industry grant, or other federal entities. • For clinician faculty, depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or other industries for investigator-initiated proposals may be considered. • Serving as the site-principal investigator for a multi-center trial does not satisfy the expectation for extramural funding on the tenure track. • Creation of patents that generate licensing income or spin-off companies can be considered to meet the equivalent criteria of extramural funding. • In some circumstances, a faculty member's expertise (e.g. biostatistician) may not justify principal investigator-level status. In such cases, serving as a co-investigator on multiple NIH grants will satisfy the requirement for extramural funding.

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 since appointment

to the tenure track at The Ohio State University. It should be appreciated that evidence of scholarship below the specified range does not preclude a positive promotion decision especially if reasonable extenuating circumstances exist. Scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or without impact or focus. Scholarship in the context of poor performance in other areas such as absence of evidence of teaching excellence may affect decisions.

TEACHING	
Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence /Documentation
A strong and consistent record of effective teaching and mentoring	• A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. • Evidence for exemplary teaching includes outstanding evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers for active participation in teaching, course or workshop leadership and design, a training program directorship, teaching awards, organization of national course and curricula, and/or participation in specialty boards or Residency Review Committees of the Accreditation Council for Graduate Medical Education. The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Candidates should provide evidence of the impact of their mentorship. Active participation as a mentor in training grants such as NIH T32 or K-awards is highly valued as a teaching and mentoring activity, although providing mentorship on other smaller grants (i.e. FAER, foundation grants, KL1, KL2, SPA, ASA, Grants from National Societies) can satisfy the requirement for promotion. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Programs that improve access to teaching for trainees and engagement of learners. • Professional development in the mentoring or teaching of learners, and making changes to teaching or mentoring approaches to foster career development are highly valued. • Mentorship of junior faculty is expected. It is presumed that this will take the form of a primary mentoring relationship, and not just <i>ad hoc</i> coaching. Candidates should provide evidence of the impact of their mentorship. • Candidates with clinical duties should demonstrate consistent and effective teaching of trainees and practicing clinicians, and leadership

	in the administration of clinical training programs.
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SERVICE AND ENGAGEMENT Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Administrative leadership in the Department, COM, or University	• Leadership of departmental, COM, hospital or University committees, working groups, divisions, or centers
Professional service or provision of expertise outside the institution	• Promotion to the rank of Professor requires service with distinction to the College the University, and/or national and international professional societies. • Service can include leadership roles on University committees, in professional organizations and journal editorships. • Evidence of the provision of professional expertise could include roles as a board examiner, service on the program organizing committee for an inter-national scientific meeting, service on NIH review panels and commissions as a regular member, Chair or Co-Chair, role in program development, and professional consultation to industry, government, and education.
Innovative program development that advance the mission of the department, COM, university	• Innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to promote community engagement within the Department, College, University or beyond, can be considered service activities.
Advocacy for healthcare	• Advocacy for healthcare, especially community health.
Excellent patient care (if applicable)	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community • Design and implementation of a novel program to improve community engagement in healthcare delivery or healthcare access
Professional service to the field of Anesthesiology	• Provision of professional expertise to public and private entities beyond the University. • Service should also include activities as an ad hoc reviewer for journals or serving on editorial boards or editorships of scholarly journals or textbooks. • Leadership and participation in innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to improve health, increase community engagement within the Department, College, University or beyond, can be considered service activities. • Provision of professional expertise to public and private entities beyond the University, or service on

	the advisory board for local and regional academic organizations. • Service as a grant reviewer for national funding agencies, elected or appointed offices held. • Service on panels and commissions, and professional consultation to industry, government, education, and non-profit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
Demonstration of broad intellectual values within service (should be noted in narrative)	• Inviting speakers of a variety of academic and professional backgrounds when organizing a national or international meeting • Invitations to reviewers of a variety of academic and professional backgrounds when serving as an Editor

3. Promotion of Clinical Faculty

Clinical faculty members have a greater responsibility for clinical teaching, patient care and clinical scholarship than individuals in the tenure-track. Clinical faculty members are not eligible for tenure.

The criteria in the categories of teaching and service are, for the most part, similar to those for the tenure-track for each faculty rank, although there is greater emphasis on teaching, service and patient care. Scholarship for clinical faculty is no less important but is often of different forms and domains of emphasis than for those faculty in the tenure track.

Clinical Faculty 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.

With the exception of the clinical excellence pathway, the awarding of promotion to the rank of associate professor in the clinical faculty must be based upon convincing evidence 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 educators, clinician scholars, or clinical practitioners and innovators (excellence).

a. Promotion to Associate Clinical Professor, Clinician Educator Pathway

Promotion to associate professor for clinical faculty on the clinician-educator pathway, is based upon convincing evidence the candidate has developed a reputation of education excellence that supports a pathway to achieving a national level of recognition as a clinician educator since being appointed to the rank of assistant clinical professor. Evidence of national recognition and impact should be related to the primary focus of this pathway (e.g., clinical or didactic education), but recognition and impact can also be related to clinical scholarly or professional service. Excellence is not required in all domains. The clinician educator pathway may reflect effectiveness as an educator of trainees at any level. Alternatively, the clinician educator pathway may reflect an outstanding clinician who has a demonstrated record of educating colleagues and peers, such as through invitations to serve

as faculty on national continuing medical education programs. While time in position is not part of the criteria for promotion to Associate Professor on the Clinician Educator Pathway, it is anticipated that candidates will require approximately five years to achieve the level of impact consistent with promotion criteria. Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

TEACHING Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Longitudinal record of teaching and mentoring excellence	- Effectiveness may be measured by various metrics including, but not limited to: curriculum/web-based design and implementation; innovative teaching practices; modules; incorporating social and digital media-based platforms focusing on medical education, patient education, quality and patient safety or faculty development education; leadership of nationally funded or multi-institutional educational projects; and publications. - Quality indicators of mentorship could include trainee peer-reviewed abstracts/posters presented at national meetings, impact factor of publications, citations, trainee abstract award or co-authored publications. - Consistent contribution to the core didactics of department or institutional education programs as well as participation in the development of new educational programs for teaching students and trainees within the Department, College and/or University. Presentations made at departmental Grand Rounds are especially valued. - Consistently positive teaching evaluations by students, trainees, and peers. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). - Teaching awards or other honors. - Local, regional and national impact through invitations to serve as faculty on continuing medical education programs or societal leadership in education or other local, regional, or national activities. Evidence of improved educational processes or outcomes (i.e., impact) is required. - Development of new master's or doctorate programs, educational programs for residents, fellows, medical students or other rotating learners within the institution are highly regarded. - Professional development in the mentoring or teaching of learners, and making changes to teaching or mentoring approaches to foster career development are highly valued.
Favorable impact on teaching and training programs	- 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. - Professional development in the mentoring or teaching of trainees.

	• Changes to teaching or mentoring approaches to foster career development.
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The clinician educator must sufficiently contribute to scholarship, research, and academics to develop a national reputation and impact germane to their area of expertise.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence /Documentation
Contribute to scholarship, academics, and research in their area of expertise	• Contributions to scholarship, a portion of which must be peer-reviewed journal publications. • Demonstrable impact of scholarship may include focus on the pedagogy of education and publications in this domain. • Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula and methods of evaluation. • The Department will consider including social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics and consider incorporating the use of Altmetrics to assess the impact of the candidate's work using traditional and social media platforms [see Defining Impact above]. • These non-traditional metrics do not in and of themselves demonstrate the impact of research. • Published work based on areas of clinical expertise which form the basis for teaching of colleagues and peers may include, but are not limited to review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. • Faculty may combine these two areas of career emphasis. • For both types of faculty careers, development of web-based or video-teaching modules and other digital media are considered to be published works. • Meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual and identifiable expertise was essential to the publication are regarded as having merit equivalent to those that are first or senior author. • Ideally, 10 scholarly written or digital publications of this type since appointment as an assistant professor is suggested as a scope of work consistent with promotion to associate professor. However, this range does not represent an inflexible requirement for promotion. Impact of the work is also considered. • At the discretion of the department promotion and tenure committee, the creation of new, novel and significantly impactful curriculum or education related projects may be considered as a substitute for formal publication.

	• Particular consideration will be given for impactful contributions to education made within the institution, and for those that are shared outside of the department through publication, society and conference engagement, regional and national presentations or through consultation with the leadership of outside programs. • For promotion to associate professor, these activities can occur locally, regionally or nationally. • When particularly impactful education projects and curriculum are substituted for publications, the candidate must demonstrate that their involvement and contributions were significant. • When education projects and curricula (multiple) are used as substitutions for scholarly publications, a minimum of 5 published works is still required of clinical faculty for promotion. Examples of impactful education projects may include the following: • The creation and implementation of a new and novel formal curriculum for learners within the department, regionally or nationally. Examples might include, but are not limited to, implementing a formal lecture series for residents, implementing a new rotation curriculum for medical students that includes rotation goals and objectives, reading assignments and quizzes or creation of a maintenance of certification course for faculty. • Regional and national engagement on education initiatives that demonstrate impact through the development and implementation of new, novel and impactful education resources. • Significant contribution to a question database, participation as a question writer for a board exam, oversight or significant involvement in a committee or society education project for a creation of an education related database, reference or clinical guidelines, creation of a formal training resource through a subspecialty society. • Particularly impactful involvement or leadership in local, regional or national education related committees and projects. Examples include, but are not limited to, being the chair of the department clinical competency committee, the chair of a state or subspecialty society committee overseeing resident and medical student engagement, being the chair or director over the planning of an annual society meeting, leading a subcommittee that creates curriculum for a website. • Regional or national presentations related to education pedagogy. • Work done in consultation with other institutions to share education programs or projects created at OSU. Examples include visiting another institution or hosting visitors to demonstrate best practice in education program administration or curriculum, sharing and assisting with the implementation of local curriculum,
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	research projects or quality initiatives with another medical student, residency or fellowship program, invitation to serve as an education consultant outside to other programs. • Collaboration with other education programs to create projects, curriculum, research or scholarly work, regardless of publication. • Development of social media platforms which focus on medical education, patient education, quality and patient safety or faculty development.
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SERVICE AND ENGAGEMENT Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Administrative service to the Department, COM, or University	• Participation or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community • Design and implementation of a novel program to improve community engagement in healthcare delivery or healthcare access
Professional service to the field of Anesthesiology	• Leadership of or election to a national committee or organization • Development or expansion of initiatives that impact the field of anesthesiology or medicine • Provision of professional expertise to public and private entities beyond the University • Performing journal reviews • Serving on editorial boards or editorships • Service as a grant reviewer for national funding agencies, elected or appointed offices held
	• Service to local and national professional societies, service as an advocate for healthcare, community health, and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Anesthesiology and The Ohio State University. • Service on panels and commissions, and professional consultation to industry, government, education, and non-profit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
Innovative program development	• Development of initiatives or design and implementation of novel programs that promote community engagement within the Department, College, University or beyond

Advocacy for healthcare	• Advocacy for healthcare, community health, and funding at the level of local, state, and federal agencies
Provision of professional expertise to public and private entities beyond the University	• Election to Board of Directors or other national leadership position in a public or private entity that enhances the field of anesthesiology or medicine.

b. Promotion to Clinical Professor, Clinician Educator Pathway

The awarding of promotion to the rank of clinical professor on the clinical faculty, clinician educator pathway, must be based upon convincing evidence the candidate has developed a national level of impact as an educator or international recognition since appointment or promotion to the rank of associate professor. Evidence of national recognition and impact should be related to the primary focus of this pathway (clinical or didactic education), but can also be related to clinical scholarly or professional service. Excellence is not required in all domains. The clinician educator pathway may reflect effectiveness as an educator of trainees at any level. Alternatively, the clinician educator pathway may reflect an outstanding clinician who has a demonstrated record of educating colleagues and peers, such as through invitations to serve as faculty on national continuing medical education programs. While time in position is not part of the criteria for promotion to Clinical Professor on the Clinician Educator Pathway, it is anticipated that candidates will require approximately four to five years since promotion to Associate Clinical Professor to achieve the level of impact consistent with promotion criteria.

Promotion to professor for clinical faculty on the clinician-educator pathway, is based upon convincing evidence the candidate has developed a national or international level of education excellence and recognition through leadership and impact since appointment or promotion to the rank of associate professor. Evidence of international recognition or national leadership should be related to the primary focus of the pathway (clinical or didactic education), but can also be related to clinical, scholarship activities, or professional service. Excellence is not required in all domains.

Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

TEACHING	
Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Distinctive record of superlative teaching and mentoring excellence	• A documented record of sustained teaching and mentoring excellence is required for promotion. Candidates must demonstrate the impact of their teaching and mentoring. • Sustained positive evaluations by students, residents, fellows, local colleagues and/or national peers are required and consistently positive teaching evaluations are highly valued. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Teaching and/or mentoring awards and other honors

	• Demonstration of impact on teaching and training programs, including, but not limited to: curriculum/web-based design and implementation; innovative teaching practices; modules; incorporating social and digital media-based platforms focusing on medical education, patient education, quality and patient safety or faculty development education; leadership of nationally or internationally funded or national multi-institutional educational projects; and publications. • National recognition of teaching excellence including appointments to, and service on, national education committees such as Accreditation Council for Graduate Medical Education, National Medical Association, American Association of Higher Education, Association of American Colleges and Universities or Association of American Medical Colleges, including specialty boards or national or international professional societies. • Evidence of teaching impact or contribution to education pedagogy should also be demonstrable on a national level or emerging international level for promotion to professor on the clinical educator pathway. Examples of national/international impact in education may include, but are not limited to: • Participation in the publication of material of an instructional nature or evidence of production of other forms of teaching material used nationally (e.g. digital products, computer programs, etc.). • Leading a nationally funded or national multi-institutional educational project. • Participation in teaching, didactics or workshops for national professional organizations with positive lecture evaluations. • Participation in the development of educational materials national professional organizations. • Development of social media platforms which focus on medical education, patient education, quality and patient safety or faculty development. • Visiting professor speaking engagements to other institutions nationally. • Leadership of a national committee work product, ideally related to education. • Mentorship of junior faculty also demonstrates teaching excellence. This should take the form of a primary mentoring relationship, not ad hoc career coaching. • Evidence of improved educational processes or outcomes (i.e., impact) is required. Professional development in the mentoring or teaching of learners, and making changes to
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	teaching or mentoring approaches to foster career development are highly valued.
Favorable impact on teaching and training programs	• 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. • Professional development in the mentoring or teaching of trainees. • Changes to teaching or mentoring approaches to foster career development.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence /Documentation
Contribute to scholarship, academics, and research in their area of expertise	• Demonstration of impact of scholarship, which may focus on the pedagogy of education via published work in this domain. Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula, and methods of evaluation and educational content. • The Department considers including social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics and considers incorporating the use of Altmetrics to assess impact [see Defining Impact above]. However, these non-traditional metrics do not in and of themselves demonstrate the impact of research. • Faculty in the clinician educator pathway may publish works based on their areas of clinical expertise which form the basis for their teaching of colleagues and peers. These may include, but are not limited to, review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. Development of web-based or video-teaching modules and other digital media are considered to be published works. • Faculty may combine these two areas of career emphasis. • Meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual and identifiable expertise was essential to the publication are regarded as having merit equivalent to those that are first or senior author. • Ideally 15, with a minimum of 10, scholarly written or digital publications of this type since appointment or promotion to associate professor is suggested as a scope of work consistent with promotion to professor. However, this range does not represent an inflexible requirement for promotion. • At the discretion of the department promotion and tenure committee, the creation of new, novel and significantly

	impactful curriculum or education related projects may be considered as a substitute for formal publication, particularly when they contribute to national reputation. • Consideration will be given for impactful contributions to education made within the institution, and for those that are shared outside of the department through publication, society and conference engagement, national presentations or through consultation with the leadership of outside programs. Such activities must include demonstrable national impact. • When particularly impactful education projects and curriculum are substituted for publications, the candidate must provide evidence that their involvement and contributions were significant. • When education projects and curricula (multiple) are used as substitutions for scholarly publications, a minimum of 10 published works (up to 15) is still required of clinical faculty for promotion. • Impact of the projects and curriculum will help inform the COM if more published works (up to 10) should be considered in determining if promotion criteria are met. Examples of impactful education projects include: • The creation and implementation of a new and novel formal curriculum for learners within the department, regionally or nationally. Examples might include, but are not limited to, implementing a formal lecture series for residents, implementing a new rotation curriculum for medical students that includes rotation goals and objectives, reading assignments and quizzes or creation of a maintenance of certification course for faculty. • National engagement on education initiatives that demonstrate impact through the development and implementation of new, novel or impactful education resources. Such activities may include, but are not limited to, significant contribution to a question database, participation as a question writer for a board exam, oversight or significant involvement in a national committee or national society education project for a creation of an education related database, reference or clinical guidelines, creation of a formal training resource through a national subspecialty society. • Candidates must be able to demonstrate a significant level engagement. • Particularly impactful involvement or leadership in national education related committees and projects. Examples might include, but are not limited to, serving as the chair of a national subspecialty society committee overseeing resident and medical student engagement, being the chair or director over the planning of an annual national society meeting, leading a subcommittee that creates curriculum for a website. • National/international presentations related to education pedagogy.
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	• Work done in consultation with other national institutions to share education programs or projects created at OSU. Examples might include visiting another institution or hosting visitors to demonstrate best practice in education program administration or curriculum, sharing and assisting with the implementation of local curriculum, research projects or quality initiatives with another medical student, residency or fellowship program, invitation to serve as an education consultant outside to other programs. • Collaboration with other national education programs to create projects, curriculum, research or scholarly work, regardless of publication. • Development of social media platforms which focus on medical education, patient education, quality and patient safety or faculty development.
Candidate has attained a well-developed national reputation and international influence as a leader in their field	• Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections • Social media portfolios such as blog vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics.

SERVICE AND ENGAGEMENT Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Administrative leadership in the Department, COM, or University	• Leadership of departmental, COM, hospital or University committees, working groups, divisions, or centers
Professional service or provision of expertise outside the institution	• Service to the institution and profession is an expectation for promotion to professor. Service is broadly defined to include administrative service to the University, 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. • Professional service could include, but is not limited to: peer reviews of manuscripts and grant applications; service on editorial boards; development of innovative programs that advance the mission of the university, such as creation and maintenance of a program to deliver healthcare to the community; design and implementation of a novel program that involves collaborative efforts and/or promotes community engagement in healthcare delivery or healthcare access within the Department, College, University or beyond; leadership positions in professional societies. In addition, invitations to serve as external evaluators for promotion candidates from peer institutions is a reflection of a national reputation.

	• Candidates can consider demonstrating national and/or international impact of their work by utilization of social and traditional media (such as, but not limited to, social media platforms, radio and television) to promote community engagement advocacy and awareness.
Innovative program development that advance the mission of the department, COM, university	• Creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program to promote community engagement within the Department, COM, University or beyond.
Advocacy for healthcare	• Advocacy for healthcare, community health. • Funding at the level of local, state, and federal agencies.
Excellent patient care	• Clinical program development or enhancement. • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program to improve community engagement in healthcare delivery or healthcare access.
Professional service to the field of Anesthesiology	• Leadership of or election to a national committee or organization • Development or expansion of initiatives that impact the field of anesthesiology or medicine • Provision of professional expertise to public and private entities beyond the University • Performing journal reviews • Serving on editorial boards or editorships • Service as a grant reviewer for national funding agencies, elected or appointed offices held • Service to local and national professional societies, service as an advocate for healthcare, community health, and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Anesthesiology and The Ohio State University • Service on panels and commissions, and professional consultation to industry, government, education, and non-profit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
Demonstration of broad intellectual values within service (should be noted in narrative)	• Inviting speakers of a variety of academic and professional backgrounds when organizing a national or international meeting • Invitations to reviewers of a variety of academic and professional backgrounds when serving as an Editor

c. Promotion to Associate Clinical Professor, Clinician Scholar Pathway

Promotion of Clinical Faculty to the rank of Associate Clinical Professor in the Clinician Scholar pathway is based on convincing evidence that the candidate has developed a national level of impact and recognition as a clinician scholar since being appointed to the rank of Assistant Professor. Evidence of national recognition and impact should be related to the primary focus of this pathway (scholarship), but can also be related to clinical, educational, or professional service but is not required in all domains. While time in position

is not part of the criteria for promotion to Associate Clinical Professor on the Clinician Scholar Pathway, it is anticipated that candidates will require approximately five years to achieve the level of impact consistent with promotion criteria.

Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

TEACHING Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Longitudinal record of teaching and mentoring excellence	• A distinctive record of teaching and mentoring excellence is required, as demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. • Teaching excellence must be demonstrated through evaluations and peer feedback based on presentations internally or at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. • Teaching awards and other honors are also supportive of teaching excellence but are not required. • Demonstration of mentorship of students, trainees such as residents or fellows, doctoral or post-doctoral students or faculty at earlier career stages. • Credible evidence for mentoring requires not only a list of those mentored but their accomplishments, which reflect the effectiveness of the faculty member's mentorship. Quality indicators of mentorship could include trainee peer-reviewed abstracts/posters presented at national meetings, impact factor of publications, citations, trainee abstract award or co-authored publications. • Active participation as a mentor in training grants such as NIH T32, K-awards, FAER grants, KL-1, KL-2, SPA grants and other such mentored programs is very highly valued as a teaching and mentoring activity, although it is not a strict requirement for promotion. • Professional development in the mentoring or teaching of learners, and making changes to teaching or mentoring approaches to foster career development are highly valued.
Favorable impact on teaching and training programs	• 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 • Professional development in the mentoring or teaching of trainees • Changes to teaching or mentoring approaches to foster career development

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence /Documentation
Contributions to scholarship; participated in basic, translational, clinical, informatics, education, or health services research projects or in clinical trials.	• Demonstration of impact and a national reputation for scholarship is required for promotion to Associate Professor. • Demonstration of scholarship is typically reflected by primary, senior or corresponding author of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or clinical trials. • Meaningful scholarship is not uniformly represented by first or senior authorship. Participation in team science may result in a record of scholarship primarily as middle author. Works in which the faculty member's individual and identifiable expertise was essential to study design, study implementation, data acquisition, data interpretation and manuscript preparation are regarded as having merit equivalent to those that are first or senior author. In such cases, there must be evidence from other domains that demonstrate at the national level the faculty member's unique expertise (e.g. invitation to speak at national meetings, invitation to serve on study section). • In general, a range of 10-20 peer reviewed publications since appointment to Assistant Professor is expected. • The dossier will require the demonstration of impact, not just the potential for impact. • Although review articles may form a portion of the publication list (typically less than 30%) and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles; book chapters or reviews alone or in majority will not be sufficient for promotion. • Quality and quantity are both important criteria for promotion, and it is expected that the scholarship record of a successful candidate will have several high impact peer reviewed research publications. • Entrepreneurship and inventorship (i.e. patents) are also evidence of scholarship activity.
Participation in collaborative, multidisciplinary research or team science	• Record of collaborative scholarship with manuscripts on which authorship is first, senior, or corresponding. Middle authorship that is uniquely contributory, clear, and well documented is also valued. • Participation as co- principal investigator on nationally funded projects, principal investigator of components of NIH U or P grants, and participation as an essential core service provider on multiple externally-funded grants in which the contribution of the faculty member is clearly evident.

Acquired competitive external funding in support of their research program	• Faculty on this pathway should have acquired external funding as Principal Investigators, MPI's or Co-Investigators in support of their program of scholarship. • Candidates should have a <u>track record</u> of being investigators primarily in NIH (or equivalent grant mechanism, i.e. CDC, NSF, DoD, PCORI), foundation, national society grants (IARS, FAER, SPA, ASA, etc.) and industry grants (for both multi-center clinical trials and investigator-initiated trials or studies). • Investigator status on industry sponsored trials must include extramurally funded investigator-initiated trials or studies; a multi-centered industry sponsored trial alone is not sufficient for promotion, unless the investigator contributes as a co-author on the peer-reviewed publication of the findings. Entrepreneurship and appropriate commercialization of new discoveries are also evidence of scholarly activity as described in Section VI.A.1 and will be viewed favorably.
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SERVICE AND ENGAGEMENT	
Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Administrative service to the department, COM, or University	• Participation or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community • Design and implementation of a novel program to improve community engagement in healthcare delivery or healthcare access

Professional service to the field of Anesthesiology	• Leadership of or election to a national committee or organization • Development or expansion of initiatives that impact the field of Anesthesiology or medicine. • Provision of professional expertise to public and private entities beyond the University • Performing journal reviews • Serving on editorial boards or editorships • Service as a grant reviewer for national funding agencies, elected or appointed offices held • Service to local and national professional societies, service as an advocate for healthcare, community health, and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Anesthesiology and The Ohio State University • Service on panels and commissions, and professional consultation to industry, government, education, and non-profit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
Innovative program development that advance the mission of the department, COM, university	• Creation and sustenance of a program to deliver healthcare to the community • Design and implementation of a novel program to promote community engagement within the Department, COM, University or beyond.
Advocacy for healthcare	• Advocacy for healthcare, community health • Funding at the level of local, state, and federal agencies
Provision of professional expertise to public and private entities beyond the University	• Election to Board of Directors or other national leadership position in a public or private entity that enhances the field of anesthesiology or medicine.

d. Promotion to Clinical Professor, Clinician Scholar Pathway

Promotion of Clinical Faculty to the rank of Clinical Professor in the Clinician Scholar pathway must be based upon convincing evidence that the candidate has developed national leadership or international recognition as a clinician scholar since being appointed to the rank of Associate Professor. Evidence of national leadership or international recognition and impact should be related to the primary focus of this pathway (scholarship), but can also be related to clinical, educational, or professional service, but is not required in all domains. While time in position is not part of the criteria for promotion to Clinical Professor on the Clinician Scholar Pathway, it is anticipated that candidates will require approximately four to five years since promotion to Associate Clinical Professor to achieve the level of impact consistent with promotion criteria.

Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

TEACHING Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Distinctive record of superlative teaching and mentoring excellence	• 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 contributions of significant impact 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. • Demonstration of positive teaching evaluations by students, residents, fellows, local colleagues and national peers. • Teaching evaluations may be based on presentations internally or at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers, hospitals, or institutions. • Teaching awards and other honors are also supportive of a strong teaching record but are not required. • Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). • Candidates should demonstrate consistent effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs. • It is expected that those proceeding to the rank of Professor will have a significant career of mentorship of students, trainees such as residents or fellows, doctoral or post-doctoral students or faculty at earlier career stages. • Mentorship of junior faculty is an expectation for faculty being considered to the rank of Professor. It must take the form of a primary mentoring relationship, and not just ad hoc career coaching. • Demonstrable evidence of mentoring or other career development activities for other faculty members; evidence of mentoring relationships can be provided by submitting mentees' evaluations. • Active participation as a mentor in training grants such as NIH T32, K-Awards, FAER grants or CTSA KL-1 or KL-2 grants and other such mentored programs is very highly valued as a teaching and mentoring activity. Professional development in the mentoring or teaching of learners, and making changes to teaching or mentoring approaches to foster career development are highly valued.
Favorable impact on teaching and training programs	• 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 • Professional development in the mentoring or teaching of trainees • Changes to teaching or mentoring approaches to foster career development.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence /Documentation
Sustained and expanded impact and national reputation for scholarship	• Demonstration of a sustained and expanded impact and national reputation for scholarship. • Achievement in scholarship is typically reflected by primary, senior or corresponding author of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational and/or clinical research projects or in clinical trials. • Meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual expertise was essential to study design, study implementation, data acquisition, data interpretation and manuscript preparation are regarded as having merit equivalent to those that are first or senior author. • A range of 20-30 peer reviewed publications since appointment to Associate Professor is expected, although this range does not represent an inflexible requirement for promotion. • Quality and quantity of publications are both important considerations for promotion. Several of the publications should be in high impact journals in the field. The dossier will require the demonstration of impact, not just the potential for impact. • Review articles may form a portion of the publication list and may be used to indicate that a faculty member is considered to be an expert in the field. • A substantial number of peer-reviewed research articles, book chapters or books or reviews is required. • Entrepreneurship and inventorship (i.e. patents) are also evidence of scholarship activity.
Participation in collaborative, multidisciplinary research or team science	• Record of collaborative scholarship with manuscripts on which authorship is first, senior, or corresponding. Middle authorship that is uniquely contributory, clear, and well documented is also valued. • Participation as co-principal investigator on nationally funded projects, principal investigator of components of NIH U or P grants, and participation as an essential core service provider on multiple externally-funded grants in which the contribution of the faculty member is clearly evident. • Generally, a greater number of collaborative or middle author publications are required to achieve impact and a national reputation, compared with first and senior author publication.

Acquired competitive external funding in support of their research program	• Faculty members on this pathway on the clinical track should ideally have been Investigators on multiple grants from Foundations, Pharma, National Societies or NIH (or equivalent) agencies, as described in earlier sections. • Sustainability of funding is a pre-requisite for promotion to Full Professor on the Clinician Scholar Pathway (for example, as evidenced by grant renewal). • Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VI.A.1.A and will be viewed favorably. • Creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding.
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SERVICE AND ENGAGEMENT Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Administrative service to the department, COM, or University	• Leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Service on departmental or College of Medicine APT Committee • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community • Design and implementation of a novel program to improve community engagement in healthcare delivery or healthcare access
Professional service to the field of Anesthesiology	• Promotion to the rank of Professor requires service with distinction to the Department, College and the University, and in a national context. • The faculty member should have increased levels of responsibility and leadership (e.g. committee chair or elected office in national or international organizations) since appointment or promotion to Associate Professor. • The faculty member should have made new service contributions of significant impact as an Associate Professor. • Candidates may 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 professional societies. • Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, serve on editorial boards, leadership positions in professional societies. • In addition, invitation to serve as external evaluators for promotion candidates from peer institutions is a reflection of national reputation, as is a visiting professorship invitation to another academic institution. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

Innovative program development	• Development of initiatives that promote community engagement in healthcare delivery or healthcare access
Advocacy for healthcare	• Advocacy for healthcare, community health • Funding at the level of local, state, and federal agencies
Provision of professional expertise to public and private entities beyond the University	• Election to Board of Directors or other national leadership position in a public or private entity that enhances the field of anesthesiology or medicine.

Criteria for Promotion on the Clinical Excellence Pathway (Scholarship of Practice)

A faculty member assigned major responsibilities (a minimum of 80% professional effort averaged over the previous five years) for clinical care and clinical administrative activities may seek promotion for excellence in activities categorized as “scholarship of practice” (or “scholarship of application”) and whose impact can be demonstrated to have been transformative. Total clinical effort should reflect the additional time necessary for patient management that commonly goes beyond time spent in billable clinic and inpatient service hours. 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 Department, College, Medical Center or University. Their contribution to the regional and national recognition of the Medical Center may serve as a proxy for individual national recognition. Teaching and scholarship are not required, as the heavy clinical time commitment typically does not allow traditional scholarship, such as peer-reviewed publications or other academic outputs. These faculty are expected to support the research and teaching mission of the Department of Anesthesiology, but the focus of the promotion review is on demonstration of clinical excellence. Participation in quality improvement activities and clinical program building initiatives are meritorious endeavors on this pathway to the extent they are documented and substantive. In sum, excellence in clinical practice must have potential to enhance the overall reputation of the Department of Anesthesiology, The Ohio State Wexner Medical Center, Nationwide Children’s Hospital, and the College of Medicine. The hallmark of an accomplished faculty member on the Clinical Excellence Pathway is an innovative, efficient, evidence-based practitioner who is recognized locally and regionally early on in their career.

Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

e. Promotion to Associate Clinical Professor, Clinical Excellence Pathway

Promotion to the rank of Associate Clinical Professor on the Clinical Excellence Pathway must be based upon convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual physician’s scope or sphere of influence, particularly outside the OSU system. Social and digital media outlets can be used to demonstrate impact. However, these nontraditional metrics do not in and of themselves demonstrate clinical excellence. Promotion will not be granted purely on the basis of length of service to the institution or satisfactory job performance. While time in position is not part of the criteria for promotion to Associate Clinical Professor on the Clinical Excellence Pathway, it is anticipated that candidates will require approximately five years to achieve the level of impact consistent with promotion criteria.

One of the most important measures of excellence in the scholarship of practice is the clear demonstration of evidence that activities or innovations of an individual faculty member have

contributed to a change in the scope and the nature of practice in their own discipline. Another piece of evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems.

The Department, in accordance with the College guidelines for creation of a Clinical Excellence Pathway, has defined metrics for promotion based on criteria relevant to Anesthesiology. This pathway is not to be mistaken for an easier route to promotion, but provides an alternate based on rigorous criteria for those whose primary activity and interest is in clinical practice. Promotion in this pathway requires a clear presentation of tangible and credible evidence by the clinical faculty of not only achievement of their goals, but also of excellence and impact in their respective clinical area, related to the scope of their practice.

Due to the wide range of activities of clinical faculty, scholarship of practice can be evidenced in a wide variety of behaviors, but all must have demonstrable impact on practice and patient care. While excellence in patient care is expected of all clinicians, scholarship of practice denotes new contributions to patient management, approaching new patient populations, quality initiatives, and other innovations that advance the field of practice. Other important criteria relate to the level of excellence as well as achievement of reputation. Citizenship and service are certainly required to fulfill the basic criteria before these special attributes can be considered for promotion.

Evaluation for promotion based on scholarship of practice requires that the candidate document specific metrics of practice innovation and impact including changes in organizational function, quality and safety metrics, numbers of patients served and dissemination of innovation to other practice sites. It is important to highlight the importance, originality and significance of the clinical work that is being cited for promotion.

CRITERIA FOR PROMOTION TO ASSOCIATE PROFESSOR, CLINICAL EXCELLENCE PATHWAY Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Teaching Excellence	Not required, although participation in teaching and mentoring of trainees and early career faculty is valued and may be included
Scholarship Excellence	- Not required - While traditional research (e.g., clinical, translational, basic, or population health science) is not a focus of this pathway, publications or written reports demonstrating success in clinical performance (as detailed below) are valued
Excellence in clinical performance, clinical leadership and unique clinical program development	- Basic requirements: - Achievement of clinical goals for service - Excellent citizenship that promotes the advancement of high caliber medical care through collaboration with other healthcare providers. - Promotion criteria: - Demonstration of excellence: Expertise in clinical field. - Demonstration of reputation: At least local or regional.

	• A unit's reputation may be a reflection of the impact of a member. Therefore, local or regional reputation may be documented by evidence that a faculty member significantly contributed to the ranking or reputation of a practice unit. • Demonstration of dissemination of the faculty member's impactful contributions to the advancement of practice within or outside their unit or the institution. • Examples of excellence may include, but are not limited to: • Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant clinical measures such as, but not limited to quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, process improvements, reduction in health disparities, and improvements in community health outcomes where performance measures can easily be internally and externally benchmarked for comparison. The department also recognizes new and emerging methods of dissemination including websites, social media, etc. Clinical productivity metrics (e.g. wRVU, CVU) per se, are not sufficient for supporting excellence in clinical performance. • Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but are not limited to, the number of cases referred for a second opinion, from other states or other regions within Ohio. Traditional and social media can be used to exemplify the impact of the faculty member's excellence (e. g. disease specific or care specific Facebook forums, X/Twitter etc.). • A record that demonstrates that a faculty member is frequently consulted by physicians from outside the OSU system for advice about patient care. This can be in the form of traditional peer-peer consultation. The department remains flexible in assessing media/social media-related consultation methods (e.g. WhatsApp, email etc.). • Evidence that physicians from other medical centers come to OSU/NCH specifically for training by the faculty member, or request proctoring at their home institution by the faculty member, or that the faculty member is frequently consulted by physicians from outside the OSU/NCH system for advice about patient care. • A record that demonstrates the faculty member has been invited to lecture locally, regionally or at other hospitals, academic medical centers or statewide professional societies.
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	• Clinical program development. Evidence that a faculty member has developed a new program or led improvements in an existing program. Subsequent to those innovations, quantifiable evidence that the success of the program is measurably impactful and that it has materially improved or replaced an existing program, or the program has been duplicated or adopted within the Medical Center or by other institutions or practices. Programs that involve collaborative efforts and improve community engagement in healthcare delivery and healthcare access are included. • Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the medical center. For example, innovations that improve delivery of care, such as developing new techniques, implementing new technology or processes like artificial intelligence that lead to demonstrable and measurable evidence that there has been impact shown through elements such as improved patient care, or operational outcomes such as cost/time savings, improved accuracy, and better patient engagement. • Selection for inclusion in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings. • Receipt of awards from local, state, national organizations for clinical excellence. • Participation in the development of institutional or statewide practice guidelines. • Evidence for development of programs to identify healthcare challenges or programmatic changes to advance community-wide healthcare delivery.
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f. Promotion to Clinical Professor, Clinical Excellence Pathway

Promotion to Clinical Professor in the Clinical Excellence Pathway requires the benchmarks for Associate Clinical Professor with additional evidence of national impact on practice or involvement with national programs of patient care, practice innovation, and advancement of quality of care. While time in position is not part of the criteria for promotion to Clinical Professor on the Clinical Excellence Pathway, it is anticipated that candidates will require approximately five years since promotion to Associate Clinical Professor to achieve the level of impact consistent with promotion criteria.

CRITERIA FOR PROMOTION TO PROFESSOR, CLINICAL EXCELLENCE PATHWAY Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Teaching Excellence	- Outstanding clinical mentorship of trainees (residents, fellows) and early career faculty with evaluations documenting the faculty members contribution and impact of these efforts. - Peer-evaluations noting excellence in clinical mentorship and guidance.
Scholarship Excellence	<i>Not required</i> - While traditional research (e.g., clinical, translational, basic, or population health science) is not a focus of this pathway, publications or written reports demonstrating success in clinical performance (as detailed below) are valued
Excellence in clinical performance, clinical leadership and unique clinical program development	- Basic requirements: - Achievement of clinical goals for service - Excellent Citizenship that promotes the advancement of high caliber medical care through collaboration with other health care providers - Promotion criteria: - Demonstration of excellence: Leadership in clinical field. - Demonstration of reputation: National. - A unit's reputation may reflect the impact of a member. National reputation may be documented by evidence that a faculty member's direct impact has significantly contributed to the national ranking or national reputation of a practice unit. - Other indicators of national recognition and impact include, but are not restricted to, adoption of the faculty member's contribution to the advancement of practice at other institutions, active leadership in national organizations and invitations to consult at or present their innovations at outside institutions. - Demonstration of dissemination of the faculty member's contribution to the advancement of practice either in a wider scope and with additional impact than at time of promotion to Associate Professor or development of new and measurably impactful practice innovations that differ from those at time of last promotion. In the latter case, it is expected that the practice innovation has influenced practice within or outside the institution and that impact is quantifiable. - Examples of excellence may include, but are not limited to: - Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant

	clinical measures such as, but not limited to quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, process improvements, reduction in health disparities, and improvements in community health outcomes where performance measures can easily be internally and externally benchmarked for comparison The department also recognizes new and emerging methods of dissemination including websites, social media, etc. Clinical productivity metrics (e.g. wRVU, CVU) per se, are not sufficient for supporting excellence in clinical performance. • Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but are not limited to, the number of cases referred for a second opinion, from other states or other countries. • Traditional and social media can be used to exemplify the impact of the faculty member's excellence at the national/international level (e.g., disease specific or care specific Facebook forums, Twitter, etc.) • A record that demonstrates that a faculty member is frequently consulted by physicians from outside the OSU system for advice about patient care. This can be in the form of traditional peer-peer consultation. The department remains flexible in assessing media/social media-related consultation methods (e.g. WhatsApp, email etc.) • Evidence that physicians from other medical centers. outside of Ohio come to OSU/NCH specifically for training by the faculty member, or request proctoring at their home institution by the faculty member, or that the faculty member is frequently consulted by physicians from outside the OSU/NCH system for advice about patient care. • A record that demonstrates the faculty member has been invited to lecture nationally at hospitals, academic medical centers or national professional societies. • Clinical program development. Evidence that a faculty member has developed a new program or led improvements in an existing program. Subsequent to those innovations, quantifiable evidence that the success of the program is measurably impactful and that it has materially improved or replaced an existing program, or the program has been duplicated or adopted within the Medical Center or by other institutions or practices. Programs that involve national collaborative efforts and improve community engagement in healthcare delivery and healthcare access are included. • Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the medical center. For example, innovations that improve delivery of care, such as developing new techniques, implementing new technology or processes like artificial intelligence that
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	lead to demonstrable and measurable evidence that there has been impact shown through elements such as improved patient care, or operational outcomes such as cost/time savings, improved accuracy, and better patient engagement. • Selection for inclusion in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings. • Receipt of awards from state or national organizations for clinical excellence. • Participation in the development of national practice guidelines. • Continued evidence of the increasing impact at the state or national level of programs developed to identify healthcare challenges or programmatic changes to improve healthcare delivery through community engagement. • Evidence of faculty member's administrative leadership involves creativity, innovation, and is evaluated by outcomes. These leadership roles may include the following: • Health system leadership of patient care programs, operations or health care finance. • Leadership at the departmental, college, university or national level of programs that advance disease prevention, patient care or faculty and staff wellness. • Leadership at the departmental, college, university or national level of programs that advance community engagement in healthcare.
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3. Promotion of Research Faculty

a. Promotion to Research Associate Professor

Promotion to Clinical Professor in the Clinical Excellence Pathway requires the benchmarks for Associate Clinical Professor with additional evidence of national impact on practice or involvement with national programs of patient care, practice innovation, and advancement of quality of care. While time in position is not part of the criteria for promotion to Clinical Professor on the Clinical Excellence Pathway, it is anticipated that candidates will require approximately five years since promotion to Associate Clinical Professor to achieve the level of impact consistent with promotion criteria.

CRITERIA FOR PROMOTION TO RESEARCH ASSOCIATE PROFESSOR	
Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Teaching Excellence	• Not required, although participation in teaching and mentoring of trainees and early career faculty is valued and may be included
Service Excellence	• Not required

Documentation of a sustained and substantial record of scholarship based in area of expertise.	• Candidates typically should have 20-25 peer reviewed journal publications since their appointment as research assistant professors. A few first, senior, or corresponding authorships are required for promotion. • For all other publications as a significant co-author (not primary author), a faculty member should demonstrate their critical role to a given project. This may include critical method development, training and oversight (mentoring) of junior lab members, and/or conceptualization and execution of the project. • 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, i.e., there should be sufficient numbers of the original peer-reviewed publications to demonstrate impact in the field. Thus, both quality and quantity are important considerations. • Scholarship exceeding the specified range is not a guarantee of a positive promotion decision. • Records of scholarship below the specified range do not preclude a positive promotion decision. • A sustained record of 100% salary recovery generally derived from extramural sources. • Research faculty typically serve as Co-Investigators. Independent extramural funding as Principal Investigator or Multiple Principal Investigator on an NIH R01 operating grant (or equivalent grant) is not required. Funding as Principal Investigator on a smaller R-grant (R21, R03 or equivalent), or a Society or Foundation grant is highly valued for promotion on the Research track. • Funding by the NIH, while highly desirable, is not strictly required for promotion for research faculty. • Other nationally competitive, peer reviewed funding with salary recovery, including support from national foundations, national societies, pharmaceutical industry (investigator-initiated trials or studies), or other federal agencies also meets the requirement for extramural funding. • Licensing activities on patents that generate revenues should be considered equivalent to extramural grant awards • Materials transfers agreements (MTA's) should be considered evidence of national (or international) recognition and impact.
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Demonstrate the beginnings of a national recognition of their expertise	• Invitations to review manuscripts or grant applications. • Invitations to lecture at scientific societies or other universities, consultation with industry or governmental agencies • Requests for collaboration from other universities, request to serve in central roles on multi-center studies • National reputation/impact may also be demonstrated in part through non-traditional metrics (e.g., social media portfolios, Altmetrics scores) [See Defining Impact above].
Demonstrate a commitment to College and University values	• Research addressing community engagement in healthcare delivery and healthcare access. • Documentation of mentoring and mentoring practices of trainees. • Exhibit professionalism and foster a safe and collaborative work environment as evidenced by peer or supervisor letters or awards.

b. Promotion to Research Professor

For promotion to research professor, a faculty member must have a national or international reputation built on an extensive body of high-quality publications and with demonstrated impact on the field. While time in position is not part of the criteria for promotion to Research Professor, it is anticipated that candidates will require approximately five years since promotion to Associate Professor to achieve the level of impact consistent with promotion criteria.

Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

CRITERIA FOR PROMOTION TO RESEARCH PROFESSOR	
Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Examples of Expectations	Examples of Evidence/Documentation
Teaching Excellence	• Not required, although participation in teaching and mentoring of trainees and early career faculty is valued and may be included if desired by candidate.
Service Excellence	• Not required

Documentation of a sustained and substantial record of scholarship based in area of expertise.	• A record of continuous peer-reviewed extramural and/or commercial funding is required, along with demonstrated research productivity as a result of such funding. • Research faculty typically are not expected to establish an independent program of research. Promotion to professor requires documentation evidence of a sustained and substantial record of scholarship. • 25-35 peer reviewed journal publications since their appointment as research associate professor. • A majority of publications are expected to be first, senior, or corresponding authorships. • 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. • Scholarship exceeding the specified range is not a guarantee of a positive promotion decision. • A record of scholarship below the specified range does not preclude a positive promotion decision. • Demonstration of a sustained record of 100% salary recovery from extramural grant funding sources. • Service as Co-Investigator or Principal Investigator and independent extramural funding (Principal Investigator, Multiple Principal Investigator) on one NIH R01 (or equivalent) grant is required. • In special cases, where the faculty member can prove a major Co-Investigator role on an R01 with significant (i.e. 20%-30% or greater percent effort), and publications as a first, senior or corresponding author, it is sufficient to satisfy the funding requirement.
Established a national level of recognition and impact beyond established for promotion to associate professor	• This may be reflected by (but not limited to) invitations to review manuscripts especially those in high impact journals, review grant applications to national funding organizations (NIH or equivalent), service on editorial board of journals, invited reviews and book chapters in the candidate's area of expertise, invitations to lecture at scientific societies, other universities or at scientific meetings or universities in other countries, consultation with industry or governmental agencies, requests for collaboration from other universities, request to serve in central roles on multi-center studies, etc. • National reputation/impact may also be demonstrated in part through non-traditional metrics (e.g. social media portfolios, TV news broadcasts, newspapers, Altmetrics scores).
Demonstrate a commitment to College and University values	• Research addressing needs community engagement in healthcare delivery and healthcare access. • Documentation of mentoring and mentoring practices of trainees. • Exhibit professionalism and foster a safe and collaborative work environment as evidenced by peer or supervisor letters or awards.

While time in position is not part of the criteria for promotion to Research

Professor, it is anticipated that candidates will require approximately five years since promotion to Associate Professor to achieve the level of impact consistent with promotion criteria.

4. Promotion of Associated Faculty

a. Compensated Associated Faculty

For compensated associated faculty (paid through OSU, OSUP, or NCH) who are principally focused on patient care, the promotion criteria and procedures will be identical to those for the clinical excellence pathway. For compensated associated faculty (paid through OSU, OSUP, or NCH) including assistant/associate professors of practice who contribute principally through educational activities, the promotion criteria and procedures will be identical to those for the clinician educator pathway.

For assistant and associate professors with FTE below 50% the promotion criteria and procedures will be identical to those for the tenure track.

Promotion to Senior Lecturer. Lecturers may be promoted to senior lecturer if they meet the criteria for appointment at that rank as described in Section V.A.4.

Promotion of Visiting Faculty. Visiting faculty members are not eligible for promotion.

b. Uncompensated Associated Faculty

For uncompensated associated faculty other than adjunct appointments, promotion should reflect contributions to the department or college that exceed the activities that represent the basis for their faculty appointment, in most cases related to the educational mission. At the associate professor level this could include service on department and/or college committees, contributions to medical student curriculum development or other evidence of contributions to the educational or scholarly mission of the department or college. For promotion to professor, the level of contribution must demonstrate sustained and enhanced engagement or leadership.

Procedures for promotion of uncompensated associated faculty:

- Submission of an updated CV
- Letters from two people, including the faculty member's immediate supervisor (i.e., division director or clerkship director), who can attest to the associated faculty member's contributions.
- Teaching evaluations if available
- Letter from the committee of eligible faculty including the vote
- Letter from the department chair
- Review and approval by College of Medicine Office of Faculty Affairs.

For uncompensated associated faculty who hold adjunct appointments their rank will be determined by their credentials.

B. Procedures: Promotion and Tenure, and Promotion Review

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

1. Tenure-track, Clinical, and Research Faculty

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

The Department of Anesthesiology comprises a wide array of professional disciplines. Care must be taken to apply the criteria for appointment and promotion with sufficient flexibility. In all instances, outstanding accomplishment in accordance with the criteria set forth, is an essential qualification for appointment and promotion to all faculty positions. The candidate for promotion should demonstrate in their career a spirit of collaboration and alignment with the values and culture of the college. Maintaining these standards for all faculty is essential to enhance the department, the college and the University as an institution dedicated to the discovery and transmission of knowledge.

a. Candidate Responsibilities

Candidates are responsible for following the University guidelines, submitting a complete, accurate dossier fully consistent with the University Office of Academic Affairs' guidelines and providing a copy of the APT under which they wish to be reviewed, if other than the department's current document. If external evaluations are required, candidates are responsible for reviewing the list of potential external evaluators compiled for their case according to the department's guidelines. Each of these elements is described in detail below.

- **Dossier**

Every candidate must submit a complete and accurate dossier that follows the Office of Academic Affairs [dossier outline](#). Candidates should not sign the Office of Academic Affairs [Candidate Checklist](#) without ascertaining that they have fully met the requirements set forth in the core dossier outline including, but not limited to, those highlighted on the checklist.

While the Appointments, Promotions 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 them. Please refer to the [APT Toolbox](#) for a wealth

of information on completing a dossier. Tips on defining impact for promotion appear in Appendix B.

Unless specifically stated in the core dossier, the time period for teaching documentation to be included in the dossier for probationary faculty is the start date of employment at OSU to present. For tenured or non-probationary faculty, it is the date of the last promotion, reappointment, or the last five years, whichever is more recent, to present. The eligible faculty may allow a candidate to include information prior to the date of last promotion or reappointment if it believes such information would be relevant to the review. Any such material should be clearly indicated.

The time period for scholarship documentation to be included in the dossier is the entire duration of the faculty member's academic career (including residency and/or post-doctoral training). For faculty being considered for promotion to the rank of associate professor, the weight of the review is from the date of the initial faculty appointment (including time on faculty at another institution) to the present. All scholarship outcomes will be reviewed for increasing independence over time and an increasing trajectory of significant scholarly outcomes over time. For faculty being considered for promotion at the rank of professor, the weight of the review is from the date of promotion to associate professor to present. All scholarship outcomes will be reviewed for independence and a continued trajectory of significant scholarly outcomes.

The time period for service documentation to be included in the dossier for probationary faculty is the start date to present. For tenured or non-probationary faculty, it is the date of the last promotion, reappointment, or last five years, whichever is most recent. The eligible faculty may allow a candidate to include information from before the date of last promotion if it believes such information would be relevant to the review. Where included, the candidate should clearly indicate what material constitutes the work completed since the date of the mandatory review, and what material is from prior to the mandatory review.

The department may allow a dossier appendix to augment evidence for teaching, clinical excellence or scientific achievement if the Appointments, Promotions and Tenure Committee feels this information enhances understanding of a candidate's career achievements.

The complete dossier is forwarded when the review moves beyond the department. The appendix as well as additional documentation of scholarly activity that is not part of the University approved dossier that may be useful for the department and College review will not be forwarded to the University level unless requested by the University Office of Academic Affairs.

Dossier Documentation

Faculty members preparing their dossiers for promotion and/or tenure review should consult Chapter 3 of OAA's [Policies and Procedures Handbook](#) to ensure that all required documentation is included.

The following paragraphs provide suggested standards for documenting excellence in Teaching, Research and Scholarship, and Service.

i. Teaching

Teaching is defined as imparting knowledge, experience, insight, and skill to other persons. In the department and the College of Medicine, teaching must be consistently effective and of high quality.

All tenure-track and clinical faculty members in the department must be engaged in teaching, development of the department's and college's academic programs, and mentoring of students, residents and fellows. Evidence of effective teaching must be demonstrated by documentation of teaching activities over a sustained period of time.

Evidence of a faculty member's quality and effectiveness as a teacher must be documented and assessed. Evidence for effective teaching may be collected from multiple different sources including students, residents, peers, and administrators. Yearly student evaluations, resident & fellow evaluations (when applicable) and peer evaluations are required. One peer evaluation is required every year. Effectiveness in teaching is demonstrated by positive evaluations from students, residents, fellows, local colleagues and national peers. The department uses consistent methodology and assessment tools for teacher evaluation by students, residents & fellows in specific types of instructional settings. Importantly, administration of assessment tools is never under the control of the faculty member being evaluated. Faculty members may supplement the required assessment tool with others if they wish. Students, residents and fellows are provided an opportunity to assess the instructor and course using the required assessment tool in every regular classroom course. The required assessment tools are also administered daily in other types of instructional settings such as outpatient clinics, inpatient services, and the operating room. Regardless of the instructional setting, the department makes efforts to obtain evaluations from the largest number of students, residents and fellows possible.

Typically, documentation of teaching for the promotion dossier should include the following items since initial appointment, date of last dossier submission for promotion or the past five years whichever is less (see core dossier template for specific timelines):

- cumulative SEI reports (Student Evaluation of Instruction computer-generated summaries prepared by

the Office of the University Registrar) for every formal class

- medical student evaluations (e.g., Vitals)
- resident and fellow evaluations (e.g., MedHub)
- peer evaluation of teaching reports as required by the department's peer evaluation of teaching program (details provided in Section X of this document)
- teaching activities as listed in the core dossier including
 - involvement in graduate/professional exams, theses, and dissertations, and undergraduate research
 - mentoring postdoctoral scholars and researchers
 - extension and continuing education instruction
 - involvement in curriculum development
 - awards and formal recognition of teaching
 - presentations on pedagogy and teaching at national and international conferences
 - adoption of teaching materials at other colleges or universities
- other relevant documentation of teaching such as a teaching portfolio as appropriate.

Peer evaluation is required on a recurring basis for all faculty members. Peer evaluations may include internal and/or external review of classroom instruction, clinical teaching and course materials such as syllabi, examinations and instructional materials including textbooks. Assessment by observation of classroom and clinical teaching is most useful when done systematically over time and conducted with the specific goal of offering constructive suggestions. The department has a well-delineated mechanism for peer evaluation of instruction that appropriately complements information received from students, residents and fellows (see Section X).

Other documentation of teaching may include an administrator's assessment of the candidate's teaching load, contribution to the teaching mission of the academic unit, and contribution to curriculum development. Evidence of the success of the candidate's former students including professional and graduate students and post- doctoral trainees should be documented.

Peer evaluation resources can be found in the Evaluation of Teaching Committee Final Report and [Recommendations](#) and on the [APT toolkit](#).

ii. **Scholarship**

Scholarship is broadly defined as the discovery and dissemination of new knowledge by research, study, learning and the scholarship of practice. This includes but is not limited to

investigator initiated clinical trials and research based on cases or case series, educational outcomes research, development of academic modules, and entrepreneurship. The nature of scholarship should be pertinent to the faculty member's track and pattern of responsibilities. In addition, the department recognizes new and emerging methods of dissemination of scholarship including websites, social media, etc.

Evaluation of scholarship must be open to the ongoing evolution of new scholarly domains in the medical sciences including scholarship of community engagement and the advancement of institutional values. In the department and the College of Medicine, a faculty member's scholarship must be demonstrated to be of high quality, significance and impact. Evidence of a faculty member's scholarship will be documented and assessed in terms of quality and significance as indicated elsewhere in this document, including as described below.

All tenure-track, clinical, and research faculty members (except for faculty on the clinical excellence pathway) must develop a record of scholarship that is documented by a body of original scholarly work over a period of time. Scholarship is broadly defined as including all aspects of basic science, clinical research including clinical trials and research based on cases or case series, educational outcomes research, development of academic modules, entrepreneurship, etc. The evidence for scholarship must refer to original, substantive works that are documented achievements. Recognition of the scholarly work must also be external to the University, residing in the scientific communities apropos to the faculty member's field of scholarship. The nature of scholarship should be pertinent to the faculty member's track and pattern of responsibilities.

Those in the clinical excellence pathway demonstrate scholarship of practice through innovations in patient care that advance disease prevention, detection and treatment (see the criteria for the clinical excellence pathway sections).

Evidence of scholarship can include but is not limited to: peer reviewed journal articles, bulletins and technical reports, original books and monographs, edited books, chapters in edited books, editor reviewed journal articles, reviews and abstracts, papers in proceedings, unpublished scholarly presentations, externally funded research, funded training grants, other funding for academic work, prizes and awards for research or scholarly or creative work, major professional awards and commendations. Evidence of scholarship may also include invited lectures at other universities, symposia, and conferences; invention disclosures, patent activity, entrepreneurship, technology commercialization, software development; editorship of a major collection of research work; leadership of advanced seminars and

symposia under organizational sponsorship; and invitations to serve on national review bodies.

Documentation of scholarship also includes grants and contracts submitted and received, and a demonstration of the impact of the scholarship, as documented with citation data, impact factors, book distribution data, adoption of texts or procedures by external departments or academic health centers, and so forth. Although receipt of an extramural grant is meritorious, promotion also requires evidence of the impact and outcomes of the scholarly program it supports.

iii. Service

Service is broadly defined to include administrative service to the University, the College, the department or Wexner Medical Center or Nationwide Children's Hospital, exemplary patient care, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. In the department, a candidate's service contributions must be demonstrated to be of high quality and effectiveness. All tenure-track and clinical faculty members must contribute to service as evidenced by documentation of contributions over a sustained period. Herein it is established how the evidence of a candidate's service is documented and assessed in terms of quality and effectiveness.

High-quality patient care is an expectation of all faculty members with clinical responsibilities, and therefore, evidence of additional service is necessary for promotion. Evidence of administrative service to the University may include appointment or election to department, college, and/or University committees, holding administrative/leadership positions; development of innovative programs, and participating in mentoring activities. The department also recognizes program development, reflecting the integration of teaching, service and research in a specific content area. Evidence of professional service to the faculty member's discipline can include editorships of, or service as, a reviewer for journals or other learned publications; offices held and other service to professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes service as a reviewer of grants or other scholarly proposals, external examiner or advisor, a panel and commission participant, and as professional consultant to industry, government, and education. Evaluation of service should include evidence of a spirit of collegiality and collaboration with all of those in the many roles that work to advance the department and the college and their missions.

- **Appointments, Promotion, and Tenure (APT) Document**

Candidates must indicate the APT document under which they wish to be

reviewed. A candidate may be reviewed using the department's current APT document, or they may elect to be reviewed under either: (a) the APT document that was in effect on their start date, or (b) the APT document that was in effect on the date of their last promotion (or last reappointment in the case of clinical and research faculty), whichever of these two latter documents is the more recent. However, for tenure track faculty, the current APT document must be used if the letter of offer or last promotion, whichever is more recent, was more than 10 years before April 1 of the review year. If a candidate wishes to be reviewed under an APT other than the current approved version available [here](#), a copy of the APT document under which the candidate has elected to be reviewed must be submitted when the dossier is submitted to the department.

- **External Evaluations (see also External Evaluations below)**
Candidates are responsible for reviewing the list of potential external evaluators developed by the department chair and the Appointments, Promotions and Tenure Committee. The candidate may add no more than two additional names (only one name for clinical excellence and clinician educator) but is not required to do so. The candidate may request the removal of no more than two names. The department chair decides whether removal is justified.

b. Department of Anesthesiology Appointments, Promotions and Tenure Committee Responsibilities

The recommended responsibilities of the department's Appointments, Promotions and Tenure Committee are as follows:

- a. To review the department's Appointment, Promotion, and Tenure document annually and to recommend proposed revisions to the faculty.
- b. To consider annually, in spring semester, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only professors on the committee may consider promotion review requests to the rank of professor. A simple majority of those eligible to vote on a request must vote affirmatively for the review to proceed.
 - i. The committee bases its decision on assessment of the record as presented in the faculty member's CV or dossier as specified in the department's Appointment, Promotion, and Tenure documents 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.
 - ii. A tenured or clinical faculty member may only be denied a formal promotion review under Faculty Rule [3335-6-04](#) only once. Faculty Rules [3335-7-08](#) and [3335-7-36](#) make the same provision for non-probationary clinical and research faculty, respectively. If the denial is based on lack of required documentation and the faculty member insists that the review go forward in the following year despite incomplete documentation, the individual should be advised that such a review is unlikely to be successful. Faculty in the probationary period of a tenure-track appointment may be denied each year of the probationary period up to the year of the mandatory review.

- iii. 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.
- c. Annually, in late spring through early autumn semester, to provide administrative support for the promotion and tenure review process as described below.
 - i. **Late Spring:** Select from among its members one or more Procedures Oversight Designee(s) 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 [University Office of Academic Affairs annual procedural guidelines](#).
 - ii. **Late Spring:** The candidate should be shown the list of potential evaluators by the Appointments, Promotions and Tenure Committee chair to identify any collaborators, conflicts of interest or other issues that could interfere with the objectivity of the reviews and be invited to augment it with no more than three names of persons who meet the criteria for objective, credible, evaluators. The department may not use more than two names provided by the faculty (one for clinical excellence and clinician educator)
 - iii. **Late Spring:** Suggest names of external evaluators to the department chair. The external evaluators will be drawn predominantly from the lists of peer and aspirational peer programs (see Section VII.B.3 below). Justification will be provided in cases when a suggested evaluator is from a program not included on these lists.
 - iv. **Summer:** Gather internal evidence of the quality of the candidate's teaching, scholarship, and service from students and peers, as appropriate, within the department.
 - v. **Late Summer:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with University 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.
 - vi. Meet or communicate with each candidate for clarification of the dossier as necessary and to provide the candidate an opportunity to comment on his/her/their dossier. These meetings or communications are not an occasion to debate the candidate's record.
 - vii. Establish a mechanism for each candidate's dossier to be accessible for review by the eligible faculty (e.g. secure website) at least two weeks before the meeting at which specific cases are to be discussed and voted.
 - viii. Draft an analysis of the candidate's performance in teaching, scholarship and service to provide to the full eligible faculty with the dossier; and seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.
 - ix. The committee chair shall revise the draft analysis of each case following the meeting of the full eligible faculty, 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.
 - x. Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier.

- xi. Provide a written evaluation and recommendation to the department chair in the case of joint appointees from another tenure-initiating unit. 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.

c. Department Eligible Faculty Responsibilities

In the event that the department does not have at least three faculty members who are eligible to conduct the review, the department chair must contact the College Office of Faculty Affairs in the college to identify appropriate faculty members from other departments that will supplement the eligible faculty within the department.

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

- a. To review thoroughly and objectively every candidate's dossier in advance of the meeting at which the candidate's case will be discussed.
- b. 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.
- c. The evaluation by the eligible faculty is not advisory to the department chair, but instead represents an independent voice of the faculty.

d. Department Chair Responsibilities

In the event that the department chair is on the clinical faculty, and therefore ineligible to conduct the promotion evaluation of a tenure-track candidate for promotion, the department must appoint or designate a tenured faculty member who can provide the chair-level review. For review of candidates being considered for promotion to professor on the tenure track, that designee must be a tenured professor. The responsibilities of the department chair or designee are as follows:

- a. To determine whether a candidate is authorized to work in the United States and whether a candidate now, or in the future, will require sponsorship for an employment visa or immigration status. (The department must ensure that such questions are asked of all candidates in a non-discriminatory manner.) For tenure-track assistant professors, the department chair is to confirm that candidates are eligible to work in the U.S. Candidates who are not U.S. citizens or nationals, permanent residents, asylees, or refugees will be required to sign an [MOU](#) at the time of promotion with tenure.
- b. **Late Spring:** To solicit external evaluations from a list including names suggested by the Appointments, Promotions and Tenure Committee, the chair and the candidate. (Also see External Evaluations below.)
- c. To review faculty with budgeted joint appointments whose primary appointment is in this department. The TIU head from the joint appointment unit must provide a letter of evaluation to the department chair. The input should be in the form of a narrative commenting on faculty duties, responsibilities, and workload; on any additional assignments; and on impact of the work of the individual in the field of the joint unit.
- d. To charge each member of the Eligible Faculty Committee to conduct reviews free of bias and based on criteria.

- e. 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.
- f. To attend the meetings of the eligible faculty at which promotion and tenure matters are discussed and respond to questions raised during the meeting. At the request of the eligible faculty, the department chair will leave the meeting to allow open discussion among the eligible faculty members.

Late Summer:

- g. Following receipt of the letter of the eligible faculty's completed evaluation and vote, to provide an independent written evaluation and conclusion regarding if a candidate's dossier meets the criteria for promotion and/or tenure. In the interest of an independent evaluation, the College of Medicine discourages the department chair from attending the committee of eligible of faculty deliberations.
- h. To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- i. To inform each candidate in writing after completion of the department review process:
 - i. of the recommendations by the eligible faculty and department chair
 - ii. of the availability for review of the written evaluations by the eligible faculty and department chair
 - iii. 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.
- j. To provide a written response to any candidate comments that warrants response for inclusion in the dossier.
- k. To forward the completed dossier to the college office by that office's deadline. With the exception of associated faculty, all dossiers including those with a negative department evaluation must be forwarded to the College. Only the faculty member may stop the review process.
- l. To receive the Appointments, Promotions 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 head of the other tenure-initiating unit by the date requested

2. Procedures for Associated Faculty

Adjunct faculty, associated faculty with tenure-track titles, and associated clinical faculty for whom promotion is a possibility follow the promotion guidelines and procedures detailed in Section VII.B above, with the exception that the review does not proceed to the college level if the department chair's recommendation is negative (a negative recommendation by the department chair is final in such cases).

3. External Evaluations

Below are some peer programs as well as some aspirational peer programs that the Department of Anesthesiology emulates or aspires to emulate in performance and reputation. The department will seek external evaluations predominately but not exclusively from evaluators in the following

programs for the purpose of extramural review of promotion candidates in all tracks and pathways:

Peer programs:

University of Washington
Oregon University of the Health Sciences
Medical College of Wisconsin
University of Minnesota
Northwestern University
University of California, San Diego
Emory University

Aspirational programs:

Stanford University
University of California, Los Angeles
Duke University
Yale University
University of Pennsylvania

For faculty other than faculty in the clinical excellence pathway, justification will be provided in each case when a suggested evaluator is from a program not included on these lists.

For the clinical excellence pathway, the careers of experts will differ from the external reviewers in other pathways in being characterized by excellence in patient care rather than a history of scholarly publications or grant funding. Local experts may include colleagues from another health center and can include non-academic institutions. Evaluation of local expert clinicians from inside the University (Ohio State University Wexner Medical Center or Nationwide Children's Hospital) is permitted but restricted to colleagues outside the candidate's division for those seeking promotion to Clinical Associate Professor. For faculty on the clinical excellence pathway seeking promotion to Clinical Professor, external evaluations must be sought external to the University, as is done for the other pathways. Reviewers must be at or above the rank to which the candidate aspires.

External evaluations are obtained for all promotion reviews in which scholarship must be assessed. These include all tenure-track faculty promotion and tenure or promotion reviews and all clinical and research faculty promotion reviews. As described above, a list of potential evaluators is assembled by the Appointments, Promotions and Tenure Committee, the department chair, and the candidate. Candidates are permitted to suggest external evaluator names following the criteria below. If the evaluators suggested by the candidate meet the criteria for credibility, a letter is requested from at least one of those persons. However, per Faculty Rule [3335-06-04](#) (B) 3, "no more than one-half of the letters contained in the final dossier should be from persons suggested by the candidate." In the event that the person(s) suggested by the candidate do not agree to write, neither the university Office of Academic Affairs nor this department requires that the dossier contain letters from evaluators suggested by the candidate.

A conflict of interest for external reviewers exists if the reviewer is or has been to the candidate: a) a thesis, dissertation, or postdoctoral advisee/advisor; b) a research collaborator, which includes someone who has been a coauthor on a publication within the past 3 years, including pending publications and submissions; c) a collaborator on a project within the past 3 years, including current and planned collaborations; d) in a consulting/financial arrangement with the candidate within the past 3 years, including receiving compensation of any type (e.g., money,

goods, or services); e) a relative or close personal friend; or f) in any relationship, personal or professional, that could reduce the reviewer's objectivity. Also excluded are reviewers from the same institution, or those who had previous employment in the same institution within the past 12 months, or those who are being considered for employment at that institution.

A minimum of five credible and useful evaluations must be obtained (only three for clinical excellence and clinician educator pathways). A credible and useful evaluation:

- Is written by a person highly qualified to judge the candidate's scholarship (or other performance, if relevant) who is not a close personal friend, former academic advisor or post-doctoral mentor of the candidate, or someone who has collaborated extensively with the candidate or is currently collaborating with the candidate (see description of conflict of interest for external reviewers just above). Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. This department will solicit evaluations only from professors with institutional affiliations predominately in the programs listed above. In the case of an assistant professor seeking promotion to associate professor with tenure, a minority of the evaluations may come from associate professors.
- Provides sufficient analysis of the candidate's performance to add information to the review. A letter's usefulness is defined as the extent to which the letter is analytical as opposed to perfunctory. Under no circumstances will "usefulness" be defined by the perspective taken by an evaluator on the merits of the case.

Since the department cannot control who agrees to write and or the usefulness of the letters received, more letters are sought than are required, and they are solicited no later than the end of the spring semester prior to the review year. This timing allows additional letters to be requested should fewer than five useful letters result from the first round of requests.

As described above, a list of potential evaluators is assembled by the Appointments, Promotions 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. 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 for letters requesting external evaluations. A sample letter for tenure-track and research faculty can be found [here](#). A sample letter for clinical faculty can be found [here](#).

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.

VIII. PROMOTION AND TENURE AND REAPPOINTMENT APPEALS

Faculty members who believe they have been evaluated improperly for tenure, promotion, or reappointment may appeal a negative decision to the University Senate Committee on Academic Freedom and Responsibility. Performance that is adequate for annual reappointment may not be adequate for the granting of promotion or tenure with promotion for faculty on the tenure track or, in the case of clinical/teaching/practice or research faculty, for securing a reappointment.

Faculty Rule [3335-6-05](#) sets forth general criteria for appeals of negative promotion and tenure decisions.

Appeals alleging improper evaluation are described in Faculty Rule [3335-5-05](#).

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

IX. REVIEWS IN THE FINAL YEAR OF PROBATION

In most instances, a decision to deny promotion and tenure in the penultimate probationary year (11th year for faculty members with significant clinical responsibilities, 6th year for those without significant 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 department chair. It may not come from the faculty member themselves. Details of the criteria and procedures for a review in the final year of probation are described in University Rule [3335-6-05](#) (B).

If a terminal year review is conducted by the department and the College, it will be made consistent with the department's Appointments, Promotion and Tenure document, the College's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by: (1) the College, (2) the *Rules of the University Faculty*, (3) the University 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 EVALUATIONS OF TEACHING

A. Student Evaluation of Teaching

The department views teaching broadly, and it includes teaching in the classroom, at the bedside, or in the laboratory. If appropriate, faculty in the department can make use of the Student Evaluation of Instruction (SEI) or can use any other appropriate method of student evaluation of their teaching. Faculty are also reviewed regularly by residents using appropriate online evaluation systems. The faculty member should reiterate to students that the feedback provided in the evaluations is used both for performance reviews and to provide feedback that can be taken into account in future teaching.

B. Peer Evaluation of Teaching

Peer evaluation of teaching may occur in many different venues, as applicable to a faculty member's primary teaching responsibility. The department broadly considers teaching medical students, graduate students, residents and fellows. Faculty members may be evaluated bedside; giving lectures as part of the residency and fellowship programs; at CME courses, whether at Ohio State or elsewhere; lecturing in formal didactic courses, etc. Because teaching in the department can occur at the bedside, in the OR, at a microscope, or at a lectern, there is not one specific form that needs to be used for Peer Evaluation. It can be a standard form a department uses or it can be in a narrative format that describes what teaching activity was being evaluated, the date, and describes the teaching style and activities (e.g. it could be an email from a peer after a ground rounds or lecture).

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

The department has a well-delineated mechanism for annual peer evaluation of instruction that appropriately complements information received from students, residents and fellows. Responsibility for arranging for and carrying out peer review activities must rest with someone other than the faculty member whose teaching or teaching materials are to be reviewed. The department chair or designee oversees the department's peer evaluation of teaching process. The department's process enables each faculty member to receive an annual peer review of teaching.

Annually the department chair appoints a Peer Review of Teaching Committee of a size judged sufficient to meet the volume of peer review activity expected that year, without overburdening any of the members. The term of service is one year, with reappointment possible. Reasonable efforts are made to distribute service among all faculty from year to year to support and encourage attention to the quality of teaching in the department. Although there is no presumption that a peer reviewer must be of equal or higher rank than the faculty member being reviewed, such a model will be followed to the extent possible.

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

- i. to review the teaching of probationary tenure-track, clinical, and associated faculty at least once per year with the goal of assessing teaching at all the levels of instruction to which the faculty member is assigned.
- ii. to review the teaching of tenured associate professors and non probationary assistant clinical professors and non probationary associate clinical professors at least once every year, with the goal of assessing teaching at all the levels of instruction to which the faculty member is assigned over a six year period and of having at least one peer review per year of teaching before the commencement of a promotion review. Faculty going up for promotion are responsible for

compiling annual peer review evaluations of their teaching although there is not one specific form that is required.

- iii. to review the teaching of tenured professors and non probationary clinical professors at least once every other year with the goal of assessing teaching at all the levels of instruction to which the faculty member is assigned during the year of the review.
- iv. to review, upon the department chair's request, the teaching of any faculty member not currently scheduled for review. Such reviews are normally triggered by low or declining student evaluations or other evidence of the need for providing assistance in improving teaching.
- v. to review the teaching of a faculty member not currently scheduled for review, upon that individual's request, to the extent that time permits. Reviews conducted at the request of the faculty member are considered formative only. The department chair is informed that the review took place, but the report is given only to the faculty member who requested the review. Faculty seeking formative reviews should also seek the services of the Michael V. Drake Institute for Teaching and Learning.

APPENDICES

Appendix A. Key Definitions & Glossary of Terms

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

APT – Appointments, Promotion and Tenure

Appointments, Promotions and Tenure Committee – the body of faculty that make recommendations to the TIU chair or dean regarding the viability of candidates for appointment, promotion and/or tenure.

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

Associated – a broad category of faculty that encompasses adjunct, clinical of practice, visiting, returning retirees, and lecturers that are typically intended to be short term appointments (See also Adjunct Faculty, Clinical of Practice Faculty).

Collaborative research / Team science - distinctive contributions made to a team of investigators that result in publications and grants. These contributions are recognizable by extramural consultants and other evaluators. Individual investigators must be able to identify the unique, original, and expert skills and ideas they have contributed to a particular project.

Community engagement - institutional, local, national, and international community contributions that are closely aligned with and complementary to the candidate's scholarly academic achievements. These activities reflect innovations made in science, medicine and/or healthcare that lead to demonstrable advances in knowledge, health (individual or population), healthcare or healthcare delivery.

Courtesy Appointment – a no salary appointment for a clinical, research, or tenure-track faculty member from another academic TIU within the University. The title associated with the no salary appointment is always the same as the faculty's title in their home TIU.

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

Eligible Faculty – the faculty who are authorized vote on appointment, promotion, and tenure matters. These faculty must be above the candidate's rank. Clinical and research faculty may not vote on tenure-track faculty.

Extension of the Tenure Clock – the ability to have up to three years taken off the time clock toward achieving tenure.

Faculty – the College of Medicine has four faculty types: Tenure-track, clinical faculty, research faculty, and associated faculty.

FTE – Full-time equivalent, the percentage of time worked expressed as a decimal. Full-time is 1.0, half-time is 0.5, and quarter-time is 0.25.

Impact – the direct effect of an individual’s work on science, medicine, health care, patient care and/or community. It can be assessed by a variety of metrics.

Institutional Citizenship – participation in service missions relevant to a faculty member’s academic activities and to the missions of the College of Medicine and the University. It includes, but is not limited to, efforts in mentoring and professionalism.

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

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

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

National Recognition – could be based on geographic considerations (i.e. outside of Ohio) or on the basis of national ranking for the discipline.

Non-mandatory review – voluntary promotion or tenure review.

OAA – Office of Academic Affairs (University).

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

Penultimate year – the next to last year of a contract, used to determine required clinical and research faculty review dates. See also reappointment review below.

Clinical Faculty of Practice – an associated faculty appointment for those who will have a paid associated faculty appointment or have a paid appointment (e.g. staff, physician) through OSU, OSUP, or NCH (see also **Associated Faculty**).

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

Probationary period – the length of time in which a faculty member on the tenure-track has to achieve tenure (e.g. 6 years for assistant professor faculty without clinical service, 11 years for assistant professor faculty with significant clinical service responsibilities). It is also defined as the first appointment term for faculty on the Clinical faculty or Research faculty. Once they have been reappointed, they are no longer probationary.

Professionalism - exemplary behavior including: demonstration of honesty and integrity in all realms of work; respect for patients, faculty, staff and learners at all levels; evidence of

commitment to continued learning and personal betterment; the encouragement of questions, debate and acceptance of a broad range of viewpoints without demonstration of prejudice or bias. Maintenance of these behaviors is consistent with the values of The Ohio State University and the College of Medicine.

Reappointment Review – the review of a clinical or research faculty member in the penultimate year of their contract to determine if the contract will be renewed. See also penultimate year above.

Clinical Faculty – the faculty who primarily engage in clinical, teaching and practice.

Research Faculty –for basic scientist faculty who engage exclusively in research-based scholarship.

SEI – Student Evaluation of Instruction

Tenure – permanent employment status only granted to faculty on the tenure-track when the probationary period is successfully completed.

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

Trajectory – continued momentum and growth in pursuit of an individual’s career path. It is expected that one’s career trajectory continues to ascend over time. Promotion anticipates sustained upward trajectory and continuing impact. Trajectory is interpreted within the context of mitigating life circumstances.

TIU – Tenure Initiating Unit; Centers and Institutes are not Tenure Initiating Units.

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

Appendix B. Department of Anesthesiology as a Tenure Initiating Unit and Its Guidelines for Promotion and Tenure

Appointments and promotion and tenure actions may only be originated by a faculty member’s Tenure Initiating Unit (TIU). The Department of Anesthesiology is an academic TIU in the College of Medicine. Divisions within the department are not TIUs. Neither are Centers or Institutes. The Department of Anesthesiology serves as the TIU for faculty having their primary appointment in the department.

In accordance with Faculty Rule [3335-6-02\(E\)](#), this APT document describes (1) the department’s criteria for the award of tenure and promotion to the rank of associate professor, and (2) the department’s criteria for promotion to the rank of professor. In addition, this document describes the unit’s criteria for appointments, promotion, and tenure and evidence to be provided to support a case within the context of the unit’s mission and the standards set forth in this rule as well as the mission and standards of the college. The document indicates how the quality and effectiveness of teaching, the quality and significance of scholarship, and the quality and effectiveness of service are to be documented and assessed. The document also describes the unit’s procedures for conducting annual performance reviews of probationary faculty and reviews for promotion and tenure.

The purposes of the department-level promotion and tenure and promotion reviews are: (1) to conduct its review and reach a recommendation consistent with University, college, and department standards, criteria, policies, and rules; and (2) to determine where the weight of the evidence lies in cases in which there is not a clear or consistent recommendation. If the conclusion of the department-level review is that the recommendation is not consistent with University, college, and department standards, criteria, policies, and rules, the department chair may make a recommendation that is contrary to the recommendation of the eligible faculty.

For each category of faculty appropriate to the department and in a manner consistent with this document, herein are described (1) the criteria for promotion and tenure, as appropriate to the department; (2) the types of documentation that demonstrate impact and show that criteria have been met; (3) the levels of achievement necessary to meet the stated criteria within the context of the department's mission, the standards of Chapters 6 and 7 of the Faculty Rules, the standards, mission, and values of the department and the college, and the mission of the University; and (4) criteria for evaluation of joint appointment candidates.

The standards of quality and effectiveness required must be representative of high performance. When the department forwards the dossier of a candidate for review and has recommended that promotion and tenure or promotion be granted, the college expects that the department has ensured the evidence of the qualifications and performance of the candidate meet or exceed the department and college criteria applicable to the nomination.

Defining Impact for Promotion

Fundamental to promotion in all faculty appointment types (e.g., clinical, research, tenure track) are the totality of the impact of a candidate's body of work and the candidate's upward trajectory over time. Impact refers to the direct effect of one's work on science, education, medicine, healthcare delivery, and/or community. The clinician educator and clinician scholar pathways, research faculty and tenure-track emphasize scholarly achievements. The clinical excellence pathway emphasizes impactful clinical achievements. Community engagement will be carefully considered and refers to institutional, local, national, and international community contributions that are closely aligned with and complementary to a candidate's scholarly work.

The elements below highlight examples of how impact can be demonstrated. This is not intended to be a checklist of required contributions needed to achieve promotion. The biographical narrative should encapsulate the candidate's own description of demonstrated impact for the achievements listed.

Scholarship/Creative Works/Research

Fundamental to promotion in the clinician educator and clinician scholar pathways, research faculty and tenure-track is evidence of continuous scholarly productivity and an evaluation of the totality of the impact of a candidate's body of work. Any area of research consistent with mission of the department and the College of Medicine is acceptable as long as impact and an upward trajectory of a candidate's achievements over time can be demonstrated. Demonstration of impact entails providing evidence of successful translation of new knowledge into new approaches, techniques, devices, programs, etc. and may include:

- Peer reviewed research papers, assessed by
- Citations of published peer-reviewed work
- Contribution to published peer-reviewed work

- Authorship of published peer-reviewed work
- Impact/quality of journals in which peer-reviewed work is published
- Grant funding from federal, industry, foundation and private sources
- Academic awards
- Participation in grant review study sections, organizing committees, etc.
- Editorial leadership roles
- External lectures and invited talks
- Patents and commercialization aligned with primary research program
- Identifiable contributions to collaborative research/team science

Teaching

Promotion in the clinical faculty and tenure-track is in part a recognition of the totality of the impact of a candidate's educational activities as measured by high quality engagement and sustained excellence. Promotion to professor requires ongoing engagement and demonstrated excellence in education.

High quality engagement

- Teaching in any of the defined categories of education within and outside of the department and COM
- Leadership roles in teaching or educational programs
- Innovation or novel application in local classroom teaching methods
- Development of new educational products such as curriculum, assessment tools or programs, policy statements, technologies such as simulation, etc.
- Development of new Masters or Doctoral degree programs
- Leading or substantive participation in education-related committees
- Involvement in local mentoring programs, particularly outreach programs related to community engagement, and those that promote healthcare delivery and healthcare access
- Participation in CME, research, and inter-professional meetings
- Participation in the development of scholarly products related to education

Excellence in education

- Internal and external evaluations of teaching
- Outcomes of successful mentorship such as scholarly products, regional and national presentations by trainees/mentees, trainee/mentee career trajectory, etc.
- Course or program evaluations that reflect educational leadership roles
- Awards for teaching, mentoring, and other education contributions
- Invited lectures to disseminate new knowledge related to successful education programs, interventions, curricula that have been generated by the candidate
- Grant funding or scholarship specifically related to education activities
- National leadership roles in education/training committees and professional societies.

Service

For faculty who have clinical responsibilities, impact may be demonstrated as a result of:

- Contribution to the development of innovative clinical approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care (e.g., community-based programs, clinical care models, practice guidelines, innovative application of existing or new technology, etc.)

- Service on committees in the candidate's area of clinical expertise with contributions to development of practice guidelines or policies for community engagement, clinical management, evaluating clinical programs, etc.
Leadership roles in professional organizations, courses or programs related to clinical expertise
- Invitations to share expertise through invited talks, book chapters, clinical reviews
- Awards for contributions and/or innovation in the area of clinical expertise
- Regional, national and international patient referrals
- Engagement/collaboration in clinical trials and clinical studies
- Clinical awards (e.g., Best Doctors, OSU Mazzaferri-Ellison Society of Master Clinicians, etc.).

Additionally, consideration should be given for the demonstration of impact via non-traditional methodologies including social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics and consider incorporating the use of Altmetrics to assess the impact of the candidate's work utilizing traditional and social media platforms (e.g. Digital scholarship):

Resources for non-traditional evidence of impact/reputation (e.g., digital scholarship):

Information on creating impact statements with Altmetric data may be found [here](#).

Cabrera D, Vartabedian BS, Spinner RJ, Jordan BL, Aase LA, Timimi FK. *More Than Likes and Tweets: Creating Social Media Portfolios for Academic Promotion and Tenure*. J Grad Med Educ. 2017 Aug;9(4):421-425. doi: 10.4300/JGME-D-17-00171.1. PMID: 28824752; PMCID: PMC5559234.

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Appendix C. AAUP Statement on Professional Ethics

The following principles apply to faculty at all ranks (Instructor, Assistant, Associate and Full Professors)

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between

professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.

3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.
4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.
5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

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