Appointments, Promotion, and Tenure
Criteria and Procedures for The Ohio State University College of Medicine Department of Family and Community Medicine

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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 of Family and Community Medicine (DFCM) 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 Dean of the College of Medicine and the University 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 the University, its criteria and procedures for faculty appointments and for faculty promotion, tenure and rewards, including salary increases. In approving this document, Dean and the University Office of Academic Affairs accepts the mission and criteria of the Department and delegate to it the responsibility to apply high standards in evaluating current faculty and faculty candidates in relation to department's 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 to make negative recommendations when these are warranted in order to maintain and improve the quality of the faculty.

Decisions considering all 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 mission of the Department of Family and Community Medicine at The Ohio State University College of Medicine is to optimize the quality of people's lives by advancing family medicine principles through:

- Service
- Education
- Research and scholarship
- Personalized health care
- Community engagement

Vision Statement: The Ohio State Department of Family and Community Medicine shall be a world class, premier department that leads the nation in the training, delivery, practice and improvement of family medicine and primary care, through a focus on: Clinical Excellence & Innovation, Research and Scholarship, Community Training, Education and Talent/Professional Development.

Values Statement: Shared values are the commitments made by The Ohio State University Department of Family and Community Medicine regarding how work will be conducted. Our values in the

Department of Family and Community Medicine include:

a) Inclusiveness
b) Determination
c) Empathy
d) Sincerity
e) Ownership
f) Innovation

The Department of Family and Community Medicine 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 free exchange of ideas and opinions and expects faculty, staff, and learners 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 and an enriching intellectual working and learning environment. The Department is committed to evaluating the practice of these core values as part of all performance evaluations.

III. 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 DFCM.

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.

1. Tenure-track Faculty

Appointment Reviews

- **Initial Appointment Review:**

- Initial appointments (hiring) at the rank of assistant professor are based on recommendations from the search committee to the DFCM Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment. See Section V.B.1.
- **Rank Review:** For appointment (hiring) at senior rank (associate professor or professor), a review is performed and a second vote 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

Appointment Reviews

- **Initial Appointment Review:**
  - Initial appointments (hiring or appointment change from another faculty type) at the rank of assistant clinical professor are based on recommendations from members of the search committee to the DFCM Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment.
  - **Rank Review**: For appointment (hiring or appointment change from another faculty type) at senior rank (clinical associate professor or professor), a review is performed and a second vote 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

Appointment Reviews

- **Initial Appointment Review**

- Initial appointments (hiring or appointment change from another faculty type) at the rank of research assistant professor are based on recommendations from members of the search committee to the DFCM Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment.
- **Rank Review**. For appointment (hiring or appointment change from another faculty type) at senior rank (research associate professor or research professor), a review is performed and a second vote 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 and all clinical faculty in the department.
- Appointments to an **uncompensated (unpaid) associated faculty** position require no formal search process.
- Initial appointments at senior rank require a vote by the eligible faculty (all tenured faculty of equal or higher rank than the position requested and all non-probationary clinical and research faculty of equal or higher rank than the position requested) and prior approval of the college dean.
- The eligible faculty for reappointment reviews of associated faculty consists of all tenured faculty at or above the rank for which the candidate is being reviewed, all non- probationary clinical faculty at or above the rank for which the candidate is being reviewed.

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 practice 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 clinical practice faculty, the eligible faculty shall be the same as for clinical faculty as described in Section IIII.A.2 above.

For the promotion review of a lecturer to senior lecturer, the eligible faculty shall be all tenure-track and nonprobationary clinical faculty at the rank of associate professor and professor.

5. 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 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
- 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.

In addition, an individual who has had personal or professional conflicts with the candidate are ineligible to participate in the discussion and vote. It is the responsibility of the Department Chair 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.

6. Minimum Composition

In the event that the Department does not have at least three eligible faculty members who can undertake a review, the Department Chair, after consulting with the Vice Dean for Faculty Affairs, will appoint a faculty member from another TIU within the college.

B. Appointments, Promotion and Tenure Committee

The Department has an Appointments, Promotion and Tenure Committee that assists the eligible tenure-track, clinical, and research faculty in managing the personnel and promotion and tenure issues. The Vice Chair of Academic Affairs (or other designee as appointed by the Chair should the Vice Chair of Academic Affairs position be vacant) serves as the Chair. Committee membership is recommended by the Vice Chair of Academic Affairs and approved by the Department Chair. The term of service is four years, with reappointment possible. The committee consists of 2-5 professors and 2-5 associate professors as described below.

- When considering clinical faculty, all committee members may be non-probationary clinical faculty at the rank of clinical associate professor or clinical professor, as appropriate to each case.

- When considering tenure-track faculty, all committee members must be tenure-track faculty at the rank of associate professor or professor, as appropriate to each case. If the Department of Family and Community Medicine does not have sufficient tenure-track faculty of the appropriate rank to constitute the committee, the department, with help from the College of Medicine, will engage the requisite number of tenured faculty from another clinical department to serve.
- When considering research faculty, the committee will be constituted as for tenure-track faculty review, but a non-probationary research faculty member at the rank of research associate professor or research professor maybe added to it.

C. 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 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 who recuse themselves because of a conflict of interest are not counted when determining quorum.

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.

D. Recommendation from the Committee of the Eligible Faculty

In all votes taken on personnel matters only "yes" and "no" votes are counted. Abstentions are not votes and not permitted in votes for promotion and tenure in this department. In situations of conflict of interest, impacted faculty are expected to recuse themselves from the vote.

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

1. 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 joint appointments, the department must seek input from the joint-appointment TIU prior to the appointment of that candidate.

2. Reappointment, Promotion and Tenure, 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 joint appointments, the department must seek input from the joint-appointment TIU prior to the reappointment, promotion and/or tenure of that candidate.

IV. APPOINTMENTS

The *Rules of the University Faculty* permit the Department of Family and Community Medicine to make appointments to the Tenure-Track, Clinical Faculty, Research Faculty, and to the Associated Faculty (compensated and uncompensated). The appropriate faculty initial appointment to the DFCM will 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 will carefully evaluate and align the career goals of the faculty candidate in consultation with the Department needs in determining the most appropriate appointment for the faculty member.

The DFCM is committed to making only faculty appointments that enhance or have strong potential to enhance the quality of the department. 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 and college values and the potential for interacting with colleagues and learners in a way that will enhance their academic work and attract other outstanding faculty and learners to the college. 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 quality of the department. 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. Appointment Criteria

1. Tenure-Track Faculty

The tenure-track exists for those faculty members who primarily strive to achieve sustained excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for extramural funding. 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 DFCM has established 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 DFCM. There must be 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 DFCM 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 VI. 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 the Department's APT document.

All faculty members have access to all pertinent documents detailing DFCM, College of Medicine, and University promotion and tenure policies and criteria. The most updated documents are located at the Department, College of Medicine, and University website.

Each appointee will obtain the appropriate Ohio licensure and other required certifications if required for successful execution of their faculty responsibilities.

Appointment: Instructor on the Tenure-Track

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. Appointments at the rank of instructor are appropriate for individuals who could need time to establish a research program and set themselves up for the requirements to progress toward tenure. When an individual is appointed to the rank of instructor, the letter of offer should indicate the specific benchmarks and achievements required for promotion to 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. Unless there are unique circumstances, the College of Medicine does not recommend requesting prior service credit. This request must be approved by the department's eligible faculty, the department head, 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 extend 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.
- 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 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 B]**.**
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

Appointment: Assistant Professor on the Tenure-Track

An appointment to the rank of assistant professor is always probationary. During a probationary period, a faculty member does not have tenure and is considered for reappointment annually. Tenure cannot be awarded at the rank of assistant professor. An assistant professor must be reviewed for promotion and tenure 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 service responsibilities). For individuals not recommended for promotion and tenure after the mandatory review, the 7th year or 12th year, respectively, will be the final year of employment.

Review for tenure prior to the mandatory review year is possible when the Appointments, Promotion and Tenure Committee determines such a review to be appropriate. For appointments at the rank of assistant professor, prior service credit of up to three years may be granted for work experience at the time of the initial appointment. Doing so requires the approval of the eligible faculty, department chair, dean, and executive vice president and provost. Prior service credit shortens a probationary period by the amount of the credit. The department and college discourages these requests because if granted it is irrevocable except through an approved request to extend the probationary period.

Consistent with Faculty Rule 3335-6-09, faculty members with significant patient clinical duties in the College of Medicine 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 appointment.

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

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience.
- Early evidence of excellence in scholarship as demonstrated by the initial development of a body of research, scholarship, and creative work. In addition, evidence must be provided that supports a candidate's potential for an independent program of scholarship 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 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 B]**.**
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

Appointment: Associate Professor and Professor with Tenure on the Tenure-Track

Appointment offers at the rank of Associate Professor with and without tenure, Professor with tenure, and offers of prior service credit require prior approval of the Office of Academic Affairs.

Appointment at the rank of associate professor normally entails tenure. 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. A probationary period of up to four years is possible, on approval of the Office of Academic Affairs, with review for tenure occurring 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.

Appointment: Associate Professor in Advance of Tenure on the Tenure-Track:

While appointments to the rank of associate professor on the tenure-track typically include tenure, a probationary period can be granted after petition to the University Office of Academic Affairs. The DFCM will 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.

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. 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 VI of this document.

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 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). Faculty members appointed to the clinical faculty may choose to distinguish themselves through several portfolios of responsibility including clinician educator, clinician scholar, and clinical excellence pathways. The DFCM utilizes all three 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.

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 is probationary, with reappointment considered annually. Second and subsequent contracts for clinical faculty must be for a period of at least three years and for no more than five years. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended regardless of performance. 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.

All appointments of faculty members to the clinical faculty are made in accordance with Chapter 7 of the *Rules for University Faculty* 3335-7. Each new appointment must enhance, or have strong potential to enhance, the quality of the department, 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 website.

The POA of the DFCM describes the governance rights extended to its clinical faculty.

The following paragraphs outline the basic criteria for initial appointments to the clinical faculty.

Appointment: 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. 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 clinical 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 clinical professor, 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 clinical professor by the end of the penultimate year of the contract period, a new contract will not be considered.

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

- 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.
- 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 (Appendix B)
- No ongoing negative behaviors such as discrimination, bullying, harassment, retaliation, or promotion of other hostile work conditions.

Appointment: Assistant Clinical Professor

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

The initial appointment to the rank of assistant clinical professor is always probationary for a period of five years. During a probationary period, a faculty member is considered for reappointment annually. A probationary appointment may be terminated at any time subject to the provision of University Rule 3335-6-08 and the provision of paragraphs (B) and (C) of University Rule 3335-7-07. An assistant clinical professor may be reviewed for promotion at any time during the probationary period or during a subsequent contract

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 or research training.
- Evidence of contributions to scholarship, education, community engagement or patient care and the potential to advance through the faculty ranks.
- No ongoing negative behaviors such as discrimination, bullying, harassment, retaliation or promotion of other hostile work conditions.
- 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 B].

Appointment: Associate Clinical Professor

The criteria for initial appointment at the rank of associate clinical professor are identical to those criteria for promotion to this rank as outlined in Section VI of this document.

Appointment: Clinical Professor

The criteria for initial appointment at the rank of clinical professor in the clinical faculty are identical to those criteria for promotion to this rank as outlined in Section VI of this document.

3. Research Faculty

Research faculty 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.

Tenure is not granted to research faculty.

External appointees at the research associate professor or research professor level will demonstrate the same accomplishments in research and service as persons promoted within the department.

Appointment of research faculty entails one- to five-year appointments. In general, research faculty appointments will require 95% 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%. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year as to whether they will be reappointed for the following year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of a contract may be renegotiated at the time of reappointment, the Department will determine the process for reappointment according to procedures set forth in the Faculty Annual Review and Reappointment Policy, III, A-G.

Appointment: Research Assistant Professor. Appointment at the rank of research assistant professor requires that the individual have a doctorate and a record of high-quality publications that strongly indicate the ability to sustain an independent, externally funded research program.

Appointment as a research assistant professor requires 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.
- No ongoing negative behavior such as discrimination bullying, harassment, retaliation, or

promotion of other hostile work conditions.

- 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 B]**.**
- Strong potential for career progression and advancement through the faculty ranks.

Appointment: Research Associate Professor

The criteria for initial appointment to the rank of research associate professor are identical to those criteria for promotion to this rank as outlined in Section VI of this document.

Appointment: Research Professor

The criteria for initial appointment to the rank of research professor are identical to those criteria for promotion to this rank as outlined in Section VI 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. The below titles are used for associated faculty in the Department of Family and Community Medicine.

Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor. Adjunct appointments are uncompensated and are given to individuals who volunteer academic service to the DFCM 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. Criteria for appointment at advanced rank are the same as for promotion. 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 Practice faculty appointments may be compensated or uncompensated. Uncompensated appointments are given to individuals who volunteer uncompensated academic service to the DFCM, 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 practice faculty members are eligible for promotion (but not tenure) and the relevant criteria for compensated 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. Lecturers are not eligible for tenure or promotion 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 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.

Tenure track Assistant Professor, Associate Professor, Professor with FTE below 50%. Individuals on the tenure-track with an appointment at 49% FTE or below, either compensated or uncompensated, fall within the associated faculty. Associated tenure-track is determined by applying the criteria for appointment of tenure-track faculty. Associated tenure-track faculty members are eligible for promotion (but not tenure) and the relevant criteria are those for promotion of tenure-track faculty.

Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor. Visiting faculty appointments may either be compensated or not compensated. 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. 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 not be reappointed for more than three consecutive years.

Returning Retiree. 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 Department rather than the desire of the individual, with particular attention to the ways the reappointment can benefit the university. Refer to the APT Required Documents and Process site for more information (policy, required documents, and tip sheet).

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 College of Medicine:
    a) Teaching of medical students, residents, clinical fellows, undergraduate and graduate students, and postdoctoral fellows: For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.
    b) Research: These faculty members may collaborate with the DFCM or division in the college 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 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 B].

Appointment: Associated Faculty at Advanced Rank

Associated faculty may be compensated or uncompensated, and typically provide service to the department in the areas of research, clinical care, or education. For compensated faculty who are principally focused on patient care, the appointment at advanced rank criteria and procedures will be identical to those for the clinical excellence pathway. For compensated faculty who contribute principally through educational activities or scholarship, the appointment at advanced rank criteria and procedures will be identical to those for the clinician educator pathway. For uncompensated faculty, the criteria for appointment at advanced rank is the same as criteria for compensated faculty described above.

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 DFCM 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 DFCM Chair. The DFCM Chair will decide upon the request, and if appropriate submit it to the dean, who will forward a recommendation to the executive vice president and provost. Should the department chair deny the request, the faculty member may appeal the decision 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. Joint Appointments

Joint appointments are created to leverage a faculty member's unique expertise to advance the mission areas of the academic units involved and promote cross-disciplinary collaboration. To establish a joint faculty appointment, a memorandum of understanding (MOU) (see Faculty Appointments Policy, Section 1.B) is developed by all affected TIUs, centers, and/or institutes. The MOU will clearly define the distribution of the faculty member's time commitment to the different units. The MOU will also state the sources of compensation directed to the faculty member, distribution of resources, the planned

acknowledgement of the academic units in publications, the manner in which credit for any grant funding will be attributed to the different units, 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.

7. Courtesy Appointments

Occasionally the active academic involvement in this department by a tenure-track, clinical, or research faculty member from another unit at Ohio State warrants the offer of a 0% FTE (courtesy) appointment in this department. Appropriate active involvement includes research collaboration, graduate student advising, teaching some or all of a course from time to time, or a combination of these. A courtesy appointment is made at the individual's current Ohio State rank, with promotion in rank recognized.

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 from the search.

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

The DFCM's Appointments, Promotion and Tenure document follows the SHIFT Framework for faculty recruitment. Any faculty appointment forwarded from the DFCM for approval by the College of Medicine will be consistent with SHIFT processes, and other relevant policies, procedures, practices, and standards established by: (1) the College of Medicine, (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. A draft letter of offer to a faculty candidate must be reviewed and approved by the Vice Dean for Faculty Affairs of the College of Medicine. The draft letter of offer will be reviewed for consistency with the essential components required by the University Office of Academic Affairs Policies and Procedures Handbook, and by the College. Letters of offer are managed through the approved online contract management system. The DFCM will use these templates for each letter written to ensure that they use the approved version. The following sections provide general guidelines for searches in the different faculty categories.

1. Tenure-Track Faculty

A national search is required to ensure a wide 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 Office of Academic Affairs in advance. Search procedures must entail substantial faculty involvement and be consistent with the OAA Policy on Faculty Recruitment and Selection.

The dean or designee of the college provides approval for the DFCM 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, 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 synergistic fields within the DFCM.

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 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 to ensure alignment with university and unit 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 solicitation of external letters will follow 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. 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 DFCM will 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 clinical faculty generally proceed identically as 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 wide pool of highly qualified candidates for all clinical faculty positions. As above, faculty appointed to the clinical faculty should evidence a career consistent with the values of the college and aligned with its cultures.

3. Research Faculty

Searches for research faculty generally proceed identically as 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. A national search is required to ensure a wide pool of highly qualified candidates for all research faculty positions. As above, faculty appointed to this track should evidence a career consistent with the values of the college and aligned with its cultures.

4. Transfers: Track & TIU

Tenure-track faculty may transfer to a clinical or research appointment if appropriate circumstances exist. Tenure or tenure eligibility is lost upon transfer, and transfers must be approved by the DFCM Chair, the college dean, and the executive vice president and provost.

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. 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 DFCM 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 TIU chairs and college dean(s), a faculty member may voluntarily move from one TIU to another upon approval of a simple majority of eligible faculty in the receiving TIU (e.g. if an associate clinical professor is transferring, the eligible faculty are all tenured associate professors and professors and all non-probationary associate clinical professors and clinical professors).

Approval of the transfer by the Office of Academic Affairs is dependent on the establishment of mutually agreed upon arrangements between the administrators of the affected TIUs, including the TIU chairs, college dean(s), and the faculty member. An MOU signed by all parties, including the Office of Academic Affairs, 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 may fill an existing vacancy in the receiving unit, the MOU will describe the resources supporting the position, including salary, provided by the receiving unit.

The 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 DFCM Chair based on recommendation from the search committee.

The reappointment of all compensated associated faculty members is decided by the DFCM Chair, depending on departmental guidelines as specified in this Appointments, Promotion, and Tenure document.

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.

Appointments to an unpaid associated faculty position require no formal search process. Appointment and reappointment of uncompensated adjunct or visiting faculty may be proposed by any faculty member in the department and are decided by the DCFM Chair.

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. Joint Appointment

A TIU may propose a joint appointment for a faculty member from another OSU TIU as described in Section IV.A.7. The potential for a joint appointment is typically evaluated during the recruitment process and, as such, is subject to all criteria outlined above for each faculty category.

Approval of the joint appointment by the Office of Academic Affairs is dependent on establishing a mutually agreed-upon arrangement between the TIU heads, college dean(s), and the faculty member. An MOU (see Faculty Appointments Policy, Section 1.B) signed by all parties, including the Office of Academic Affairs, must describe in detail the arrangements of the joint appointment. Administrative approval will be dependent on whether satisfactory fiscal arrangements have been made.

7. Courtesy Appointments

Any DFCM faculty member may propose a 0% FTE (courtesy) appointment for a tenure track, clinical, or research faculty member from another OSU TIU. A proposal that describes the uncompensated academic service to the (courtesy) DFCM 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 chair, in consultation with the faculty, must review 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.

V. ANNUAL PERFORMANCE AND MERIT REVIEW PROCEDURES

The DFCM will 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. The designee may provide a written assessment to the department chair. However, unless the Office of Academic Affairs has granted an exception to a large unit [more than 50 probationary faculty], 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 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.

- Depending on a faculty member's appointment type, the review is based on expected performance in teaching, scholarship, and/or service as set forth in the department's guidelines on faculty duties, responsibilities, and workload; on any additional assignments and goals specific to the individual; and on progress toward promotion where relevant.
- The review of faculty with budgeted joint appointments must include input from the joint appointment department chair 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.

A. Documentation

The DFCM has established a formal mechanism for the review of all faculty members during the course of each academic year using a standardized evaluation tool. The DFCM 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 DFCM Chair or designee. For their annual performance and merit review, compensated faculty members must submit an updated CV to the department chair no later than June 30th of the year the review is being held (allowances, on case-by-case basis for extensions not to go beyond August 25th of the year the review is being held, can be approved by the DFCM Chair or 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 DFCM 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 DFCM Chair recommends renewal of the appointment, this recommendation is final. The DFCM 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 DFCM 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 DFCM chair) makes the final decision regarding renewal or nonrenewal of the probationary appointment. In addition, review by the College of Medicine Promotion and Tenure Committee is not mandatory when both the Department and the dean approve the renewal of the 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 DFCM 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 DFCM 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 DFCM 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.

In all cases, the dean or their designee independently evaluates all faculty in their fourth year of probationary appointment and will provide the department chair with a written evaluation of the candidate's progress.

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 DFCM Chair or their designee. In the case of a designee, the designee submits a written performance review to the DFCM Chair along with comments on the faculty member's progress toward promotion. The DFCM 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 DFCM chair.

Professors are reviewed annually by the DFCM Chair or 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 DFCM, 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 DFCM chair or designee prepares a written evaluation of performance against these expectations. The faculty member may provide written comments on the review.

D. Annual Review Procedures: Clinical Faculty

The annual performance and merit 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. Accountability for the annual review process resides with the DFCM Chair.

In the penultimate year of a clinical faculty member's appointment, the DFCM chair must determine whether the position held by the faculty member will continue. The reappointment review during the probationary period (i.e. initial term) requires either a dossier or 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. For subsequent reappointments, the DFCM determines the process for reappointment according to procedures set forth in the Faculty Annual Review and Reappointment Policy, III, A-G.

There is no presumption of renewal of contract.

E. Annual Review 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. Accountability for the annual review process resides with the DFCM Chair.

In the penultimate year of a research faculty member's appointment, the DFCM Chair must determine whether the position held by the faculty member will continue. The reappointment review during the probationary period (i.e. initial term) requires either a dossier or a complete CV which is reviewed by the committee of eligible faculty. External letters of evaluation are not solicited. 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. For subsequent reappointments, the DFCM may determine the process for reappointment according to procedures set forth in the Faculty Annual Review and Reappointment Policy, III, A-G. For faculty in one- and two-year appointment terms, the DFCM will ensure these faculty receive the appropriate review and notification according to their term.

There is no presumption of renewal of contract.

F. Annual Review Procedures: Associated Faculty

Compensated associated faculty members must be reviewed annually before reappointment. The DFCM Chair, or designee, prepares a written evaluation and meets with the faculty member to discuss their performance, collegiality, future plans, and goals.

The DFCM Chair's recommendation on renewal of the appointment is final. If the recommendation is to renew, the DFCM Chair may extend a multiple year appointment.

Compensated associated faculty members on a multiple year appointment are reviewed annually by the department chair, or designee, who prepares a written evaluation and meets with the faculty member to discuss 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 following a vote by eligible faculty via a consent calendar. The department chair's decision on reappointment is final.

When considering reappointment of non-compensated associated faculty members, at a minimum, their contribution to the DFCM 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 DFCM Chair makes annual salary recommendations to the dean, who may modify them. The recommendations are based on the current annual performance and merit review as well as on the performance and merit reviews of the preceding 24 months. For clinicians, salary recommendations are under the auspices of the College of Medicine Compensation Plan.

In formulating recommendations, the DFCM Chair should proactively engage in an annual audit of faculty salaries to ensure that they are commensurate both within the department and across the field or fields represented in the department. Salary increases should be based upon these considerations.

Merit salary increases and other rewards made by the DFCM will be consistent with the Department's APT document and other relevant policies, procedures, practices, and standards established by: (1) the college, (2) the Faculty Rules, (3) the University Office of Academic Affairs, and (4) the Office of Human Resources.

Except when the University dictates any type of across-the-board salary increase, all funds for annual salary increases are directed toward rewarding meritorious performance and collegiality, and assuring to the extent possible given financial constraints, that salaries reflect the market and are internally equitable by the DFCM and subject to the Faculty Group Practice (FGP) Compensation Plan as appropriate.

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 DFCM 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 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.

VI. PROMOTION AND TENURE AND PROMOTION REVIEWS

A. Criteria and Evidence that Support Promotion

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.

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

A commitment to these values and principles 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.

In accordance with Faculty Rule 3335-6-02(E), this DFCM 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. For each category of faculty, the DFCM's APT document describes the criteria for promotion and tenure, the types of documentation that demonstrate impact and show that criteria have been met; 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 and mission of the college, and the mission of the University; and the criteria for evaluation of joint appointment candidates.

Defining Impact for Promotion for Tenure Track and Clinical Faculty.

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, and/or community. The clinician educator and clinician scholar pathways, research faculty and tenure-track emphasize scholarly achievements, but the nature of scholarly activity, level of engagement, and measures of impact are specific to faculty appointment types and pathways within those appointment types. 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.

Scholarly Activity

Fundamental to promotion in the tenure track, clinician educator and clinician scholar pathways, and research faculty 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 College of Medicine (COM) and DFCM is acceptable as long as impact and an upward trajectory of a candidate's achievements over time can be demonstrated. The nature of scholarly activity may also differ between faculty appointment types and pathways. For the clinician educator pathway, for example, scholarly activity typically focuses on the scholarship of education, including but not limited to innovative teaching and educational practices, delivery methods, and/or interventions, instructional design, and curriculum development. For the clinician scholar pathway, scholarly activity typically reflects translational sciences, clinical research, and/or health services research. For all faculty appointment types and pathways, 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
    a. Citations of published peer-reviewed work
    b. Contribution to published peer-reviewed work
    c. Authorship of published peer-reviewed work
    d. 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

Education

Promotion in the tenure track and clinical faculty 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 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, including outreach programs that promote health 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.

Clinical

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 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

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.

Husain A, Repanshek Z, Singh M, Ankel F, Beck-Esmay J, Cabrera D, Chan TM, Cooney R, Gisondi M, Gottlieb M, Khadpe J, Repanshek J, Mason J, Papanagnou D, Riddell J, Trueger NS, Zaver F, Brumfield E. *Consensus Guidelines for Digital Scholarship in Academic Promotion*. West J Emerg Med. 2020 Jul 8;21(4):883-891. doi: 10.5811/westjem.2020.4.46441. PMID: 32726260; PMCID: PMC7390542

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.

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.

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.

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 (*required)*. The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Teaching awards and other honors are not required but are highly valued • 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 competence or access to teaching for all populations served by the Department.. • Achievement by direct mentees, including publications, external funding, and invited presentations.

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	• A minimum of 15 peer-reviewed publications since appointment as an assistant professor is expected (required). Overall impact of scholarship is important. • 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
National recognition and impact for a program of scholarship (required)	• 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. • Media Productions such as expert panel/ TV interviews • The above support the demonstration of national recognition and impact but this list is not comprehensive.
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 may be considered. • 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. Research activity may be adjusted in relation to the proportion of the faculty member's

	effort that is allocated to clinical service
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 (*required)*	**Candidates without significant clinical responsibilities:** • NIH (or comparable) funding as a principal investigator or multiple principal investigator (MPI) or as one of several program directors or equivalent such as a project lead on a R01, P01, U54, or K award 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 Centers for Disease Control and Prevention (*Required)* • Demonstrated sustainability of their research program by renewal of the award and/or by garnering a second distinct nationally competitive, peer- reviewed grant (*required*). The latter may include support from prominent national charitable foundations. Examples include but are not limited to the American Heart Association, the March of Dimes, the Robert Wood Johnson Foundation, the Thrasher Foundation, the Juvenile Diabetes Research Foundation, the American Cancer Society, the Lupus Foundation, a major industry grant, or other federal entities • In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding. • Creation of patents that generate licensing income or spin- off companies would meet the equivalent criteria of extramural funding. **Candidates with significant clinical responsibilities:** • Obtain extramural NIH or comparable funding as defined in the previous paragraph as a PI, or MPI to support their research program (required) • Competitive, peer-reviewed career development award funding, such as an NIH K award or national foundation career development award, is acceptable. • Depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. • Serving as the site-PI for a multi-center trial would 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.
Evidence of sustained or multiple external peer reviewed grant support, national foundation awards, or large-scale industry collaborations (*required)*	**Candidates without significant clinical responsibilities:** • NIH (or comparable) funding as a principal investigator or multiple principal investigator (MPI) on a R01, P01, U54, or K award 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 Centers for Disease Control and Prevention (*Required)*

	• Demonstrated sustainability of their research program by renewal of the award and/or by garnering a second distinct nationally competitive, peer- reviewed grant (required). The latter may include support from prominent national charitable foundations. Examples include but are not limited to the American Heart Association, the March of Dimes, the Robert Wood Johnson Foundation, the Thrasher Foundation, the Juvenile Diabetes Research Foundation, the American Cancer Society, the Lupus Foundation, a major industry grant, or other federal entities • In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding. • 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. •

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. It is additionally expected that the faculty demonstrate evidence of College values, **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 Community Health	• Advocacy for improved health by partnering with community organizations
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

Professional service to the field of family 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 community health, school health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Family and Community Medicine 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. • Candidates can consider demonstrating impact of their work by utilization of social and traditional media (such as X, Facebook, Instagram, Threads)

b. Associate Professor in Advance of Tenure

Promotion to associate professor in advance of tenure is available to faculty members **with significant clinical responsibilities** who have probationary periods of up to 11 years. For these cases, promotion and tenure can be uncoupled. The criteria for promotion will require a level and pattern of achievement that demonstrates 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.

The Department may propose a faculty member for promotion consideration (in advance of tenure) in cases where a faculty member is making progress but has not achieved the necessary requirements for tenure. In addition, faculty committees (at the Department or college) or administrators (chair or dean) may determine that a faculty member's accomplishments do not merit tenure and may recommend promotion 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 mandatory review year. If a clinician candidate is promoted in advance of tenure, the tenure review must occur within six years, and no later than the mandatory review year, whichever comes first.

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 (*required if applicable)*. The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Teaching awards and other honors are valued but not required • 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. • 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 all populations and making changes to teaching or mentoring approaches to foster excellence.

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. • A minimum of 10 peer-reviewed publications since appointment as an assistant professor is suggested. High impact and positive trajectory of scholarship, including work showing national

	impact. • 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
Emerging national recognition (required)	• 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.

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 • 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 community health	• Advocacy for 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 health outcomes
Professional service to the field of Family 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 community health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Family and Community Medicine 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. • Candidates can consider demonstrating impact of their work by utilization of social and traditional media (such as X, Facebook, Instagram, Threads)

c. Promotion to Professor (Tenure Track)

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****.*

The specific criteria in teaching, scholarship, and service for promotion to professor are similar to those for promotion to associate professor with tenure, with the added expectation of sustained accomplishment and quality of contributions, a record of continuing professional growth, and evidence of **established national or international reputation in the field**. Importantly, the standard for external reputation is substantially more rigorous than for promotion to associate professor with tenure.

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.

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	• Outstanding evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers (*required)*. The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Course or workshop leadership and design. • Training program directorship, teaching awards, and organization of national course and curricula and participation in specialty boards. • Active participation in student or trainee teaching • Professional development in the mentoring or teaching of all populations. • Candidates with clinical duties should demonstrate consistent and effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs.
Mentorship of junior faculty (required).	• It is presumed that this will take the form of a primary mentoring relationship, and not just *ad hoc* coaching.
	• 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 • Achievement by direct mentees, including publications, external funding, and invited presentations.

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	• 20 or more peer-reviewed publications since promotion to associate professor is recommended. 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

	(*Required).* • 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. • 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/or International Reputation (required)	• Election or appointment to a leadership position in a national or international society or organization. • Service as a national committee or task force chair, chair of an NIH or other federal review panel, regular membership on an NIH study section, peer recognition or awards for research, 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 or other medical institutions (keynote-grand rounds)

	• Visiting Professorships at peer institutions • Invitations to serve on editorial boards, study sections, and grant review sections • 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 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 without significant clinical responsibilities:** • NIH (or comparable) funding as a principal investigator or multiple principal investigator (MPI) on a R01, P01, U54, or K award 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 Centers for Disease Control and Prevention (Required) • Demonstrated sustainability of their research program by renewal of the award and/or by garnering a second distinct nationally competitive, peer-reviewed grant (required). The latter may include support from prominent national charitable foundations. Examples include but are not limited to the American Heart Association, the March of Dimes, the Robert Wood Johnson Foundation, the Thrasher Foundation, the Juvenile Diabetes Research Foundation, the American Cancer Society, the Lupus Foundation, a major industry grant, or other federal entities • In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level

	status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding. • Serving as the site-principal investigator fora 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. •

	Candidates with significant clinical responsibilities: • Obtain extramural NIH or comparable funding as defined in the previous paragraph as a PI, or MPI to support their research program (required) • Competitive, peer-reviewed career development award funding, such as an NIH K award or national foundation career development award, is acceptable. • Depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. • Serving as the site-PI for a multi-center trial would not satisfy the expectation for extramural funding on the tenure-track. • In some circumstances, (e.g., specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple NIH grants will satisfy the requirement for extramural funding. • Creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding.

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. It is additionally expected that the faculty demonstrate evidence of COM values. **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	• Leadership roles in professional organizations or societies • Journal editorships • Roles as a board examiner, membership on a subspecialty board • Service on panels and commissions, program development • Professional consultation to industry, government, and education
Innovative program development that advance the mission of the department, COM, university	• Creation and sustenance of a program to deliver healthcare to the community.
Advocacy for community health	• Advocacy for 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
Professional service to the field of family 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 community health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Family and Community Medicine 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. • Candidates can consider demonstrating impact of their work by utilization of social and traditional media (such as X, Facebook, Instagram, Threads)

2. Promotion of Clinical Faculty

Clinical faculty members typically pursue careers as clinician scholars, clinician educators or clinical practitioners and innovators (excellence).

Clinical faculty members on the Clinical Educator and Clinical Scholar pathways primarily direct their effort towards clinical responsibilities, including but not limited to patient care, clinical administrative responsibilities, bedside and clinical teaching, and clinical scholarship. Scholarship for clinical faculty is no less important but is often of different forms and domains of emphasis than for those in the tenure track. Clinical faculty members on the Clinical Excellence pathway ordinarily dedicate 80% effort towards clinical responsibilities, including but not limited to patient care and bedside and clinical teaching. Clinical faculty members are not eligible for tenure.

Clinical faculty members may continue their service to the department and the University without ever seeking promotion to the next higher faculty rank 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, promotion to the rank of associate professor in the clinical faculty must be based upon convincing evidence that the candidate has developed at least a local level of impact as an educator and a national level of impact and recognition for their clinical work since being appointed to the rank of assistant professor.

Promotion to Assistant Clinical Professor. For promotion to assistant clinical professor, a faculty member must complete their doctoral degree and meet the required licensure/certification in their specialty and be performing satisfactorily in teaching, professional practice, and service. Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

a. Promotion to Associate Clinical Professor, Clinician Educator Pathway

The awarding of promotion to the rank of associate clinical professor on the clinician-educator pathway must be based upon convincing evidence that the candidate has developed a **national level of impact** and recognition as a clinician educator since being appointed to the rank of assistant professor. 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, scholarship, 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. Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms. 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	• Positive evaluations by learners including students, residents, fellows, postdoctoral trainees, local colleagues, or national peers (*required)*. The dossier must document the faculty member's contribution and the impact of these efforts, with formal peer- review and teaching evaluations. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Teaching and/or mentoring awards and other honors are valued but not required. • Potential venues for teaching excellence range from traditional lecture formats to bedside instruction to digital materials, including social and digital media-based education.
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. •

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.	• At least 10 scholarly works (publications, presentations, podium talk, roundtable discussion) since appointment as an assistant clinical professor is suggested as a scope of work consistent with promotion to associate professor. In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. At least *two* of these must be peer reviewed publications (required). • In instances where a faculty member was an Assistant Professor at another institution the total volume of scholarly work will be considered in meeting the minimum requirement. Social media portfolios such as blog/ vlog/ podcast/ vodcast authorship/ editorial duties or professional media engagement on scholarly topics will be considered. Consider incorporating the use of Altmetrics to assess the impact of the candidate's work utilizing traditional and social media platforms [see Defining Impact above]. However, these non-traditional metrics do not in and of themselves demonstrate the impact of research. • Publications may focus on pedagogic theory, innovative teaching techniques, educational content (See Appendix C), development of web- based or video- teaching modules, and podcasts for example. They also may focus on the broad spectrum of original scholarship and research, including clinical science, basic science, health services research, outcomes research, quality improvement science, unique clinical observations and case- series, meta-analyses, and guidelines, et cetera.
	• Acquisition of grant funding is highly valued but not required • There should exist a trajectory of increasing scholarly activity and outcomes over time.
National level of impact and recognition (required)	• Service on National Committees • Invited Lectures • Development of National Curriculum • Election to national offices • Presentations at National Meetings • Contribution to Medical Textbooks on Education

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	• 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
Professional service to the field of family and community medicine.	• Leadership of or election to a national committee or organization • Development or expansion of initiatives that impact the field of Family 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 community health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Family and Community Medicine 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.
Advocacy for community health	• Advocacy for 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 Family Medicine

b. Promotion to Clinical Professor, Clinician Educator Pathway

The awarding of promotion to the rank of clinical professor on the clinician-educator pathway must be based upon convincing evidence that that the candidate has developed a **national level of leadership or international recognition** since appointment or promotion to the rank of associate clinical 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	• Outstanding evaluations by learnings including students, residents, fellows, postdoctoral trainees, local colleagues, or national peers (*required)*. The dossier must clearly document the faculty member's contribution and the impact of these efforts, with formal peer-review and teaching evaluations. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Teaching and/or mentoring awards and other honors • Participation in education and training- related specialty committees, specialty societies and specialty board committees. Examples are Resident Review Committees, specialty boards such as the American Board of Family Medicine, the Association of Family Medicine Residency Directors, and the Accreditation Council for Graduate Medical Education committees. • Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor (required). Candidates should demonstrate evidence of mentoring or other career development activities for other faculty members. This should take the form of a primary mentoring relationship, not ad hoc career coaching. • Evidence of mentoring relationships with evaluations by mentees. •
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 all populations.

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.	• A minimum of 15 scholarly works (posters, presentations, manuscripts, digital works) of this type since appointment or promotion to associate clinical professor is suggested as a scope of work consistent with promotion to professor. At least 2 of these must be peer reviewed manuscripts (required). • In instances where a faculty member was an Associate Professor at another the volume of scholarly work completed at that institution will be considered in meeting the minimum requirement. • 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 [see Defining Impact above] will be considered. However, these non- traditional metrics do not in and of themselves demonstrate the impact of research. • Publications may focus on pedagogic theory, innovative teaching techniques, educational content development of web- based or video-teaching modules, and podcasts for example. • Publications also may focus on the broad spectrum of original scholarship and research, including clinical science, basic science, informatics, health services research, outcomes research, quality improvement science, unique clinical observations and case-series, meta-analyses, and guidelines, et cetera. • Published works may be 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. Some faculty members may combine these two areas of career emphasis. • Development of web-based or video-teaching modules and other digital media are considered to be published works. • In the current era of team science and collaborative scholarship, it is recognized that 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. • Acquisition of grant funding is highly valued but not required • There should exist a trajectory of increasing scholarly activity and outcomes over time.
National reputation or international influence as a leader in their field (required)	• 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 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. It is additionally expected that the faculty demonstrate evidence of College values. **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	• Leadership roles in professional organizations • Journal editorships • Roles as a board examiner, membership on a subspecialty board • Service on panels and commissions, program development • Professional consultation to industry, government, and education
Innovative program development that advance the mission of the department, COM, university	• Creation and sustenance of a program to deliver healthcare to the community
Advocacy for community health	• Advocacy for 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
Professional service to the field of family 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 community health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Family and Community Medicine 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. • Candidates can consider demonstrating impact of their work by utilization of social and traditional media (such as X, Facebook, Instagram, Threads)

c. Associate Clinical Professor, Clinician Scholar Pathway

The awarding of promotion to the rank of associate clinical professor on the clinician scholar pathway, must be based upon convincing evidence 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.

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	• Positive evaluations by learners including students, residents, fellows, postdoctoral trainees, local colleagues, or national peers (*required)*. The dossier must clearly document the faculty member's contribution and the impact of these efforts, with formal peer-review and teaching evaluations. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Teaching and/or mentoring awards and other honors are valued but not required.Potential venues for teaching excellence range from traditional lecture formats to bedside instruction to digital materials, including social and digital media-based education.
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 all populations.

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.	• A minimum of 10 peer-reviewed publications since appointment as an assistant professor in journals with a typical impact factor for the field of family and community medicine (*Required).* • Social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics and the use of Altmetrics to assess the impact of the candidate's work utilizing traditional and social media platforms [see Defining Impact above] will be considered. However, these non-traditional metrics do not in and of themselves demonstrate the impact of research. • 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 of publication can be judged by calculation and presentation in the dossier of the H-index (or a similar metric). • Momentum is an important consideration. There should exist a trajectory of increasing scholarly activity and outcomes over time.
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 (required)	• A track record of funding a Principal Investigator, Co- investigator or collaborator (*required).* Sources of funding include foundation, industry, or federal agencies. The Department especially values funding as principal investigator from the NIH or comparable agencies. • Creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding.

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	• 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
Professional service to the field of family and community medicine	• Leadership of or election to a national committee or organization • Development or expansion of initiatives that impact the field of family 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 family and community and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Pediatrics 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.
Advocacy for community health	• Advocacy for 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 family medicine.

d. Clinical Professor, Clinician Scholar Pathway

The awarding of promotion to the rank of clinical professor on 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.

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	• Outstanding evaluations by learners including students, residents, fellows, postdoctoral trainees, local colleagues, or national peers (*required)*. The dossier must clearly document the faculty member's contribution and the impact of these efforts, with formal peer-review and teaching evaluations. • Evaluations and peer feedback based on presentations and learner interactions locally at other academic institutions, or at scientific conferences. • Teaching and/or mentoring awards and other honors • Participation in education and training- related specialty committees, specialty societies and specialty board committees. Examples are Resident Review Committees, specialty boards such as the American Academy of Family Physicians, the Association of Family Medicine Residency Directors, the Society for Teachers of Family Medicine and the Accreditation Council for Graduate Medical Education committees. • Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor (required). Evidence of mentoring relationships with evaluations by mentees. This must take the form of a primary mentoring relationship, and not just *ad hoc* career coaching. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is very highly valued as a teaching and mentoring activity
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

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.	• Primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports. • A minimum of 20 publications since appointment as an assistant clinical professor in journals with a typical impact factor for the field of family and community medicine (*Required).* • Evaluation of the strength of a candidate's publication record is shaped by authorship position, journal impact factors, thematic nature of the work, relevance to the field of family and community medicine.
	• Faculty members who participate in team science may have a record of scholarship primarily as middle author. In these cases, there must be evidence from other domains that demonstrate at the national level the faculty member's unique expertise (e.g., invitation to serve on study sections, invitation to speak at national meetings, etc). • 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 of publication can be judged by calculation and presentation in the dossier of the H-index (or a similar metric). • Social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics and the use of Altmetrics to assess the impact of the candidate's work utilizing traditional and social media platforms [see Defining Impact above] will be considered. However, these non-traditional metrics do not in and of themselves demonstrate the impact of research. • Momentum is an important consideration. There should exist a trajectory of increasing scholarly activity and outcomes over time.

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 (required)	• A track record of internal or external funding a Principal Investigator or Co-investigator is *required.* Sources of funding include foundation, industry, or federal agencies. The Department especially values funding as principal investigator from the NIH or comparable agencies. • Sustainability of funding must be demonstrated with grant renewal or with garnering a second grant from the above funding sources (required). • Creation of patents that generate licensing income or spin- off companies would meet the equivalent criteria of extramural funding.
National Recognition and Impact (required)	• Service on National Organization/Committees
	• Service on Study Sections • Invited lectures • Engagement with peer research groups/teams in other countries

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	• 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 COM 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

Professional service to the field of family and community medicine	• Leadership of or election to a national committee or organization • Development or expansion of initiatives that impact the field of family or community 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 community health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of family and community medicine 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.
	•
Advocacy for community health	• Advocacy for 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 family or community

e. Associate Clinical Professor, Clinical Excellence Pathway

Faculty members with predominantly clinical or clinical administrative responsibilities may be considered for promotion based on clinical excellence. Ordinarily these faculty have 80% or greater clinical and/or clinical administrative responsibilities; these faculty have distinguished themselves by having particularly outstanding clinical outcomes. These faculty are recognized for the scholarship of clinical practice or novel contributions to the advancement of the practice in their field. Local recognition for outstanding clinical care is a hallmark for promotion to associate clinical professor in the clinical excellence pathway. **Local recognition for outstanding clinical care is a hallmark for promotion to associate professor in the clinical excellence pathway. National recognition is not a requirement.** Promotion to the rank of associate clinical professor on the clinical excellence pathway must be based upon convincing evidence for outstanding clinical outcomes, and a record of impact relating to clinical care. Additionally, a record that demonstrates a faculty member's clinical expertise is recognized outside the OSU system through social and digital media outlets can also be used to demonstrate impact. However, these non-traditional 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, clinical productivity, or satisfactory job performance. A faculty member who qualifies for promotion on this pathway should have supportive annual evaluations that document clinical effort in the years leading up to promotion on this pathway.

These faculty are expected to support the overall mission of the DFCM, but the focus on promotion is the demonstration of clinical excellence. The documentation and demonstration of outcomes or impact

is required. It is not expected that candidates will meet all of the examples below, but meeting only one will not satisfy the demonstration of collective impact of excellence

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: Clinical teaching of Med students. **Med III required**. Med I,II,IV optional	• Vitals evaluation by students • Peer teaching evaluations
Scholarship Excellence (grant funding/manuscripts)	• 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	• Demonstration of impact or excellence in clinical performance is the hallmark of the clinical excellence pathway (required). • Quantitative quality indicators such metrics from the High Valued Framework and/or ACO dashboard. Clinical productivity metrics (e.g., wRVU) per se, are not sufficient for supporting excellence in clinical performance. • Multiple subjective measures supporting excellence in clinical care, such as written testimonial recognition of excellence from patients or families, colleagues, residents, students, or other health care team members. Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but not limited to, the number of cases referred for a second opinion, patients referred 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 Facebook forums, twitter etc.) • Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted within the medical center or by other institutions or practices. • Participation in successful quality improvement or systems- based efforts that improve care delivery or health care outcomes; these should be translatable or realistically adaptable to other settings locally and nationally.

	• Cultivation of referral patterns from beyond the typical distribution for the candidate's specific area of clinical practice, demonstrating a reputation external to the organization as "best in class" -- this may include referral of the most complex and sickest patients thus identifying physicians with unique clinical skills as exemplary in their field. • Operational improvements that make practice more efficient, effective, easier to access, or more cost effective. • A record that the physician is consulted for their expertise by local groups seeking medical recommendations which may include but is not limited to religious groups, employers, and student groups, and the like.
	• Evidence that the faculty member participates as an instructor or involved with the development of education activities at local or state levels that are in person, virtual, or web-based. • Demonstration of collaboration with researchers and educators internal and external to the Department of Family Medicine. For example: Do you do any educational small groups or have you participated on any internally funded grants • Contributions and quality indicators of the outcomes of the contributions • Recognition (awards and prizes) for service to DFCM • Annual evaluations document excellent service to DFCM • Committee assignments • High Value Framework Metrics • Community engagement
Track record of exemplary clinical leadership and unique clinical program development at the Ohio State University Wexner Medical Center	• In addition to examples above, this may include both clinical and administrative work and must be supported by written documentation such as internal letters of support from departmental or hospital leadership and external letters of support from referring physicians or peers in the candidate's field. • Evidence of development of programs to identify healthcare disparities or programmatic changes to negate the effects of inequitable healthcare delivery. • Evidence of the faculty member's efforts and participation in programs supporting the clinical programs, in alignment with the mission of the University and COM

f. Clinical Professor, Clinical Excellence Pathway

Faculty members with predominantly clinical or clinical administrative and/or leadership responsibilities may be considered for promotion based on clinical excellence. Ordinarily these faculty

have 80% or greater clinical and/or clinical administrative responsibilities. These faculty have distinguished themselves by having particularly outstanding clinical outcomes. These faculty are recognized for the scholarship of practice or novel contributions to the advancement of the practice in their field. **National recognition for outstanding clinical care is required for promotion to clinical professor in the clinical excellence pathway.** Promotion to professor in the clinical excellence pathway must be based upon convincing evidence the candidate has demonstrated a sustained and enhanced level of excellence in clinical care and has developed a national impact and recognition since being appointed to the rank of associate professor. Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor.

Promotion will not be granted solely on the basis of length of service to the institution, time in rank, clinical productivity, or satisfactory job performance. A faculty member who qualifies for promotion on this pathway should have supportive annual evaluations that document increasing clinical impact and performance since achieving the rank of associate professor. These faculty are expected to support the research and teaching mission of the DFCM, but the focus of the promotion review is on demonstration of clinical excellence. The documentation and demonstration of outcomes or impact is required. It is not expected that any candidate will meet all of the examples below but meeting only one will not satisfy the demonstration of collective impact of excellence.

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: Clinical teaching of Med students. **Med III required**. Med I,II,IV optional	• Vitals evaluation by students • Peer teaching evaluations
Scholarship Excellence (grant funding and manuscripts)	• *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	• Demonstration of impact or excellence in clinical performance is the hallmark of the clinical excellence pathway (required).. • Quantitative quality indicators such metrics from the High Valued Framework and/or ACO dashboard. Clinical productivity metrics (e.g., wRVU) per se, are not sufficient for supporting excellence in clinical performance. • Multiple subjective measures supporting excellence in clinical care, such as written testimonial recognition of excellence from patients or families, colleagues, residents, students, or other health care team members • Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but not limited to, the number of cases referred for a second opinion, patients referred 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 Facebook forums, twitter etc.) • Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved,

	or the program has been duplicated or adopted within the medical center or by other institutions or practices. • Participation in successful quality improvement or systems- based efforts that improve care delivery or health care outcomes; these should be translatable or realistically adaptable to other settings locally and nationally. • Cultivation of referral patterns from beyond the typical distribution for the candidate's specific area of clinical practice, demonstrating a reputation external to the organization as "best in class" -- this may include referral of the most complex and sickest patients thus identifying physicians with unique clinical skills as exemplary in their field. • Operational improvements that make practice more efficient, effective, easier to access, or more cost effective. • A record that the physician is consulted for their expertise by local groups seeking medical recommendations which may include but is not limited to religious groups, employers, and student groups, and the like. • Evidence that the faculty member participates as an instructor or involved with the development of education activities at local or state levels that are in person, virtual, or web-based. • Demonstration of collaboration with researchers and educators internal and external to the Department of Family Medicine. For example: Do you do any educational small groups or have you participated on any internally funded grants • Contributions and quality indicators of the outcomes of the contributions • Recognition (awards and prizes) for service to DFCM • Annual evaluations document excellent service to DFCM • Committee assignments • High Value Framework Metrics • Community engagement
National recognition (*required)*	• Invitations to speak regionally and nationally or at other hospitals, academic medical centers, or professional societies. • Dissemination of clinical expertise by presentation at grand rounds or equivalent regional, state, or national conferences, participation in the development of clinical practice guidelines, small group activities with peer-reviewed data and internal benchmarking, and participation in web-based education, online seminars, podcasts, blogs, social media outlets and creation of educational websites relating to patient care to the extent their impact can be quantified. • Development of innovative approaches to the management of a specific clinical problem that becomes a local, regional, or national standard of practice. • Demonstration of the faculty member's expertise as recognized by the receipt of honors and awards from internal and external sources, for example ranking among the region's and nation's elite such as Best Doctors ©, Castle-Connolly, or similar recognitions

	• Receipt of awards from local, state, or national organizations for clinical excellence • Documented and effective advocacy for children's health, community health, school health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Pediatrics and The Ohio State University • Sustained and meaningful participation and/or leadership in the Department of Pediatrics, Nationwide Children's Hospital, the College of Medicine, The Ohio State University Wexner Medical Center, and local or regional, and national committees related to clinical care • Demonstration of collaboration with researchers as a skilled clinical trial collaborator • Service on committees for clinical excellence metrics at the national level. • Invited lecture on clinical metrics at outside institutions/organizations • Chairing national committees focused on clinical excellence. • Peer reviewed Presentations of clinical outcomes and processes at the national level. • Being asked to represent family medicine on national committees and organizations • Leadership at the national level of programs that advance disease prevention, patient care or faculty and staff wellness. • Leadership at the national level of programs that advance improvement of health care access.
Unique clinical program development at the Ohio State University Wexner Medical Center	• In addition to examples above, this may include both clinical and administrative work and must be supported by written documentation such as internal letters of support from departmental or hospital leadership and external letters of support from referring physicians or peers in the candidate's field • Evidence of development of programs to identify healthcare disparities or programmatic changes to negate the effects of inequitable healthcare delivery.

Track record of clinical leadership	• Leadership of operational improvements that make practice more efficient, effective, easier to access, or more cost effective. • Continued evidence of the increasing impact at the state or national level of programs developed to identify healthcare disparities or programmatic changes to negate the effect of inequitable healthcare delivery. • Evidence of the faculty member's leadership of programs supporting the clinical mission in alignment with the mission of the University. • Evidence of faculty member's administrative leadership involves creativity, innovation, and is evaluated by outcomes. These leadership roles may include the following: o Health system leadership of patient care programs, operations, or health care finance. o Leadership at the Departmental, College, University or national level of programs that advance disease prevention, patient care or faculty and staff wellness. o Leadership at the Departmental, College, University or national level of programs that advance improvement of health care access .

3. Promotion of Research Faculty

The criteria for promotion focus entirely on the category of research. Since research faculty typically have a supportive role in research programs, the expectations for scholarship are quantitatively and qualitatively different than those for faculty on the tenure-track.

a. Promotion to Research Associate Professor. For promotion to research associate professor, a faculty member must have a substantial record of high-quality focused research consistent with an appointment devoted solely to research. Publications must appear in high-quality peer-reviewed venues and be judged by external evaluators as having substantial positive impact on the field. A record of continuous peer reviewed extramural and/or commercial funding is required along with evidence of a growing national reputation. Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

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.	• 15-20 peer-reviewed journal publications since their appointment as a research assistant professor (*required)*. First, senior, or corresponding authorships are not necessarily expected, but a faculty member should demonstrate their supportive role to 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. Thus, both quality and quantity are important considerations. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision. • Momentum is an important consideration. There should exist a trajectory of increasing scholarly activity and outcomes over time.
A sustained record of 95% salary recovery generally derived from extramural sources (required)	• 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 faculty. • 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.

Demonstrate the beginnings of a national recognition of their expertise (required)	• 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].

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. A record of continuous peer-reviewed extramural and/or commercial funding is required, along with demonstrated research productivity as a result of such funding. Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

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.	• 15 peer-reviewed journal publications since their appointment as a research assistant professor (*required)*. First, senior, or corresponding authorships are not necessarily expected, but a faculty member should demonstrate their supportive role to 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. Thus, both quality and quantity are important considerations. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision. • Momentum is an important consideration. There should exist a trajectory of increasing scholarly activity and outcomes over time.

A sustained record of 95% salary recovery generally derived from extramural sources (required)	• 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.
National level of recognition and impact beyond that which was established for promotion to associate professor (required)	• 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].

4. Associated Faculty

Associated faculty for whom promotion is a possibility follow the promotion guidelines and procedures for tenure-track and clinical faculty (see Promotion and Tenure and Promotion Reviews above), with the exception that the review does not proceed to the college level if the Department Chair's recommendation is negative and does not proceed to the University level if the dean's recommendation is negative.

a. Compensated Associated Faculty (i.e., Practice)

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, except that the decision of the Dean is final. For compensated associated faculty (paid through OSU, OSUP, or NCH) who contribute principally through educational activities, the promotion criteria and procedures will be identical to those for the clinician educator pathway, except that the decision of the dean is final.

For assistant and associate professors with FTE below 50% (tenure track titles), 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 IV.A.4.

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

b. Uncompensated Associated Faculty (i.e., Adjunct)

For uncompensated associated faculty, promotion should reflect contributions to the DFCM 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/resident/fellow curriculum development or other evidence of contributions to the educational or scholarly mission of the DFCM 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:

a. Submission of an updated CV
b. 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.
c. Teaching evaluations if available
d. Letter from the committee of eligible faculty including the vote
e. Letter from the chair
f. Review and approval by College of Medicine Office of Faculty Affairs.

B. Promotion and Tenure, and Promotion Review: Procedures for Tenure Track, Clinical, and Research Faculty

The department's procedures for promotion and tenure and promotion reviews are fully consistent with those set forth in Faculty Rule 3335-6-04 for tenure-track faculty, 3335-7-05 for clinical/teaching/professional practice faculty, 3335-7-32 for research faculty, and the Office of Academic Affairs annually updated procedural guidelines for promotion and tenure reviews found in Chapter 3 of the *Policies and Procedures Handbook*.

1. Candidate Responsibilities

Candidates for promotion and tenure or promotion are responsible for submitting a complete, accurate dossier and providing a copy of the APT document 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 department guidelines. Each of these elements is described in detail below.

Dossier

Every candidate must submit a complete and accurate dossier that follows the University Office of Academic Affairs dossier outline. Candidates should not sign the Office of Academic Affairs Promotion and Tenure Checklist without ascertaining that they have fully met the requirements set forth in the Office of Academic Affairs core dossier outline including, but not limited to, those highlighted on the checklist. While the Appointments, Promotion and Tenure Committee makes reasonable efforts to check the dossier for accuracy and completeness, the candidate bears full responsibility for all parts of the dossier that are to

be completed by him/her/them. Please refer to the APT Toolbox for a wealth of information on completing a dossier.

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 on the faculty at OSU to present. For tenured or non-probationary faculty, it is the date of last dossier submission for promotion 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 or post-doctoral training). For faculty being considered for promotion to the rank of associate professor, the weight of the review is **from the start date of the 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 the dossier submission for the promotion to associate professor to present**. Information about scholarship produced prior to that date may be provided. Any such material should be clearly indicated. However, it is the scholarship performance since the date of last promotion that is to be the focus of the evaluating parties. All scholarship outcomes will be reviewed for independence and, 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 last dossier submission for promotion to present. 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 is work completed since the date of the mandatory review, and what material is from prior to the mandatory review.

The Department allows a dossier appendix to augment evidence for teaching, clinical excellence or scientific achievement if the Appointments, Promotion 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 documentation of teaching is forwarded along with the dossier. The documentation of scholarship and service is for use during the department review only, unless reviewers at the college and university levels specifically request it.

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.

a. Teaching

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

All tenure-track and clinical faculty members in the DFCM 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.

Yearly student evaluations, resident, and fellow evaluations (when applicable) and peer evaluations are required. One peer evaluation is required per year. Effectiveness in teaching is demonstrated by positive evaluations from students, residents, fellows, local colleagues, and national peers. The DFCM has established a consistent methodology and assessment tool for teacher evaluation by students, residents & fellows in specific types of instructional settings. The frequency of evaluations varies by activity and is specific to the activity (e.g. medical student rotations, resident rotations, etc.) and are included in the appropriate policy and procedures and curricula for the activity described.

Typically, documentation of teaching for the promotion dossier should include the following items.

- 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 evaluations (e.g., MedHub)
- peer evaluation of teaching reports as required by the Department's peer evaluation of teaching program
- 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 DFCM requires a minimum of one (1) peer-review of teaching per year using the Department's standard form. This may be of presentations, clinical teaching etc. Feedback from peer audiences of presentations/workshops and similar at conferences (regional, local, national, etc.) will also serve as peer-reviews of teaching. (see section IX).

Other documentation of teaching may include the Department Chair or their designee 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 here.

b. 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 and amount of scholarship should be pertinent to the faculty member's track and pattern of responsibilities. In addition, the DFCM 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. The DFCM's Appointments, Promotion and Tenure document specifically establishes how the evidence of a faculty member's scholarship will be documented and assessed in terms of quality and significance and in relationship to the expectations of their respective track/pathway.

All tenure-track, clinical, and research faculty members (with the exception of 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 including all aspects of basic science, clinical research including clinical trials and research based on cases or case series, scholarship of teaching and learning, 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 and educational practice 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, poster presentations, 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 TIUs 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.

c. Service

Service is broadly defined to include administrative service to the DFCM, COM, University, exemplary patient care, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. All tenure-track and clinical faculty members must contribute to service as evidenced by documentation of contributions over a sustained period of time.

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. Program development, reflecting the integration of teaching, service, and research in a specific content area, may be given special recognition and significance. 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 DFCM, College and its mission.

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 DFCM'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, for clinical and research faculty, the date of their last reappointment, 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 DFCM.

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, Promotion and Tenure Committee. The candidate may add no more than two additional names (one 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.

2. Appointments, Promotion and Tenure Committee Responsibilities

The responsibilities of the Appointments, Promotion and Tenure Committee within DFCM of the College of Medicine are as follows:

a) To review the DFCM's Appointment, Promotion, and Tenure document annually and to recommend proposed revisions to the faculty.

b) To consider annually, 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 faculty member may be denied a formal promotion review under Faculty Rule 3335-6-04A(3) 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.

   iii. A decision by the committee to permit a review to take place in no way commits the eligible faculty, the DFCM 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 here.
   ii. **Late Spring:** Suggest names of external evaluators to the DFCM chair. The external evaluators will be drawn predominantly from the lists of peer and aspirational peer programs (see Section VI.B.4 below). Justification will be provided in cases when a suggested evaluator is from a program not included on these lists. The candidate should be shown the list of potential evaluators by the Appointments, Promotion 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. **Summer:** Gather internal evidence of the quality of the candidate's teaching, scholarship, and service from trainees and peers, as appropriate, within the DFCM.
   iv. **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.

v. Meet or communicate with each candidate for clarification of the dossier as necessary and to provide the candidate an opportunity to comment on their dossier. These meetings or communications are not an occasion to debate the candidate's record.

vi. 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.

vii. According to this DFCM's Appointment, Promotion, and Tenure document, the committee will 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.

viii. Consider the interdisciplinary work of a candidate across multiple units as part of the whole work, especially if the candidate has a joint appointment in another unit or is a member of a Discovery Theme.

ix. In the DFCM, the chair of the Appointments, Promotion and Tenure committee will revise the draft analysis of each case following the faculty meeting, to include the faculty vote and a summary of the faculty perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the Department Chair.

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 unit's cases.

3. DFCM Eligible Faculty Committee Responsibilities

In the event that the DFCM does <u>not</u> have at least three faculty members who are eligible to conduct the review, the Department Chair must contact the College Office of Faculty Affairs to identify appropriate faculty members from other TIUs that will supplement the eligible faculty within the DFCM.

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 <u>not advisory to the Department Chair</u> but represents an independent voice of the faculty.
d) The Committee of the Eligible Faculty chair will write a letter to the Department Chair reporting the vote and summarizing the discussion of the eligible faculty. This letter will be evaluative as well as descriptive and comment on discussions justifying the final recommendation and vote, considering areas of strength and areas in which there might have been greater achievement. In the event the candidate is on the tenure track, this letter must be written by a tenured faculty member at the appropriate rank per University

Faculty Rules.

4. 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 DFCM will designate a tenured faculty member (most commonly the Vice Chair of Academic Affairs) to provide the chair-level review. For review of candidates being considered for promotion to professor, that designee must be a tenured professor. The responsibilities of the DFCM 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 DFCM will ensure that such questions are asked of all candidates in a non-discriminatory manner.) For tenure-track assistant professors, the DFCM Chair will 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 Promotion and Tenure Committee, the chair and the candidate. (Also see External Evaluations below.)
c) To review faculty with budgeted joint appointments. The TIU head from the joint appointment unit must provide a letter of evaluation to the primary TIU head. 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 make each candidate's dossier available in an accessible place for review by the eligible faculty at least two weeks before the meeting at which specific cases are to be discussed and voted.
e) To charge each member of the Eligible Faculty Committee to conduct reviews free of bias and based on criteria.
f) 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.
g) 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.
h) Following receipt of the letter of the eligible faculty's completed evaluation and vote in mid-Autumn, to provide an independent written evaluation and conclusion regarding whether a candidate's dossier meets the criteria for promotion and/or tenure.
i) To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
j) To inform each candidate in writing after completion of the DFCM review process:
    i. of the recommendations by the eligible faculty and DFCM 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 calendar days from receipt of the letter from the Department Chair, for inclusion in the dossier. The letter is accompanied by a form that the candidate returns to the unit head, indicating whether or not they will submit comments.
k) To provide a written response to any candidate comments that warrants response for inclusion in the dossier.

j To forward the completed dossier to the college office of faculty affairs by their deadline of November 1. With the exception of associated faculty, all dossiers including those with a negative DFCM evaluation must be forwarded to the College. Only the faculty member may stop the review process.

k To receive the Appointment, Promotion and Tenure Committee's written evaluation and recommendation of candidates who are joint appointees from other TIUs and to forward this material, along with the Department Chair's independent written evaluation and recommendation to the chair of the other TIU by the date requested.

5. Promotion Review: Procedures for Associated Faculty

Adjunct faculty, associated clinical faculty, and associated faculty with tenure-track titles for whom promotion is a possibility follow the promotion guidelines and procedures detailed in Section VI.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), and does not proceed to the executive vice president and provost if the dean's recommendation is negative.

6. External Evaluations

In keeping with the national standing of The Ohio State University, the Department of Family and Community Medicine will seek external evaluations predominately from evaluators in peer and aspirational peer programs that are nationally recognized in their field or subfields. Family and Community Medicine represents vast interdisciplinary clinical and scientific areas of interest often focused on the "scholarship of clinical practice or education". The vast majority of this work is presented at national and regional meetings and not in peer reviewed journals or supported by grant funding. As such, the majority of departments of Family Medicine including those in academic medical centers are clinical, with more than half of those faculty at the assistant level. As such, experts (Associate and Professor rank) in family and community medicine related to the expertise of our faculty are found dispersed across a large number of institutions, with only a few at each institution. As such, for clinical excellence or clinical educator, a specific list of institutions or even programs cannot be easily devised.

However, for Tenure Track, and Clinical Scholar Pathway on the Clinical Faculty, we will solicit external evaluation from the following institutions. Justification will be provided whenever a suggested evaluator is from a program not so specified.

1. University of Minnesota Twin Cities
2. University of California at Davis
3. University of Michigan
4. CU Anschutz Medical Campus/University of Colorado
5. University of Washington
6. University of Cincinnati
7. University of Arizona
8. University of California San Francisco
9. Ohio University
10. Wright State University

External evaluations of scholarly activity and research 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 research faculty promotion reviews. External evaluations of scholarly activity and

research are not obtained for clinical excellence faculty (going up for promotion to associate professor) or associated faculty unless the faculty member has been involved in a significant amount of scholarship. The decision to seek external evaluations for a clinical or associated faculty member will be made by the DFCM chair after consulting with the candidate and the chair of the Appointments, Promotion and Tenure Committee.

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 (three for clinical excellence and clinician educator pathways). A credible and useful evaluation:

a) Is written by a person who has no conflict of interest as described above and is highly qualified to judge the candidate's scholarship (or other performance, if relevant). Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. External evaluators must be able to provide an objective evaluation of the scholarly work. They must be at the rank above the candidate being considered unless an exception has been granted by the college. It is therefore essential that the individual or body generating the list of prospective evaluators ascertain the relationship of prospective evaluators with the candidate before seeking a letter of evaluation. Candidates must be provided the opportunity to propose potential external reviewers and to review the proposed list of reviewers to identify potential conflicts.
b) 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.
c) In the event that the DFCM is unable to obtain the required number of external evaluations, the department must document its efforts, noting the individuals who were contacted, how they were contacted, and the dates and number of times they were contacted. The department is to notify the college as soon as it becomes apparent that it will not be able to obtain the required letters in time for the meeting of the eligible faculty. The lack of five external letters (three for clinical excellence and clinician educator pathways) will not stop a mandatory review from proceeding but will halt a non-mandatory review from proceeding unless the candidate, P&T chair, and the Department Chair all agree in writing that it may proceed and agree that it will not constitute a procedural error. Faculty on the clinical excellence pathway moving to Associate Professor may have three internal letters of evaluation; faculty moving to Professor should have at least one external letter of evaluation out the three total letters.

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

As described above, a list of potential evaluators is assembled by the Appointments, Promotion and

Tenure Committee, the department chair, and the candidate. If the evaluators suggested by the candidate meet the criteria for credibility, a letter is requested from at least one of those persons. Faculty Rule 3335-6-04 requires that no more than half the external evaluation letters in the dossier be written by persons suggested by the candidate. 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 (such as requesting permission from the University Office of Academic Affairs to exclude that letter from the dossier). It is in the candidate's self-interest to assure 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 DFCM's written evaluations or brought to the attention of the College Office of Faculty Affairs for advice.

VII. 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 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.

VIII. 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, and 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 DFCM's Appointments, Promotion and Tenure document, the College's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by: (l) 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.

IX. PROCEDURES FOR STUDENT AND PEER EVALUATION OF TEACHING

A. Student Evaluation of Teaching

The Department of Family and Community Medicine view teaching broadly. It includes teaching in the classroom, at the bedside, or in the laboratory. If appropriate, faculty 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/fellows 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

The DFCM has a well-delineated mechanism for annual peer evaluation of instruction that appropriately complements information received from students, residents, and fellows. This plan indicates what form peer review will take, the purposes to be accomplished, who will conduct the review, and when and how often the review will take place. Responsibility for arranging for and carrying out peer review activities must rest with someone other than the faculty member whose teaching or teaching materials are to be reviewed. The DFCM Chair or designee oversees the Department's peer evaluation of teaching process. The process assures that each faculty member annually receives a peer review of teaching.

Peer evaluation of teaching may occur in many different venues, as applicable to a faculty member's primary teaching responsibility. The college broadly considers teaching medical students, graduate students, residents, and fellows. Faculty members may be evaluated bedside; giving lectures as part of the residency and fellowship programs; at CME courses, whether at Ohio State or elsewhere; lecturing in formal didactic courses, etc. Because teaching in the College of Medicine 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.

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, Promotion 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, of practice, visiting, returning retirees, and lecturers that which are typically intended to be short term appointments (See also Adjunct Faculty, 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 led 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 (formally known as Exclusion of Time) – the ability to have up to three years added to 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 .5, and quarter-time is .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.

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.

Of Practice Faculty – 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. During the probationary period, faculty are reviewed annually and informed whether their appointment will be continued.

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 and debate. 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, research, or associated 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.

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.

SEI – **Student Evaluation of Instruction.**

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

TIU – **Tenure Initiating Unit**, synonymous with TIU.

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. AAUP Statement on Professional Ethics

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.
3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept

their share of faculty responsibilities for the governance of their institution.

4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.
5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

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

Appendix D: **Peer Evaluation of Teaching**

- Each faculty undergoes a peer reviewed evaluation of their educational/teaching efforts. Two such evaluations are done annually.
- There is a standardized form we use to conduct those reviews shown below:

Department of Family and Community Medicine
Didactic Teaching Faculty Peer Evaluation Form

Faculty Member Being Evaluated:_____

Type of Teaching Activity (e.g., Grand Rounds)**:** _____Med 3 Clinical Rotation

Topic of Presentation: ___Med 3 Clinical Rotation _____

Date of Observation: _____ **Length of Observation:** Clinical 1/2 day

Please use the 5-point scale (1=Poor; 2=Marginal; 3=Average; 4=Good; 5=Outstanding) to rate each item:

ORGANIZATION OF Clinical Day	**Poor**	**Marginal**	**Average**	**Good**	**Outstanding**
Is well prepared for teaching	1	2	3	4	5
Starts on time	1	2	3	4	5
Clear objectives for student	1	2	3	4	5
Allows Student independence	1	2	3	4	5
Defines Student Goals	1	2	3	4	5

Comments and Suggestions:

QUALITY OF Clinical Day	**Poor**	**Marginal**	**Average**	**Good**	**Outstanding**
Discussed patient diagnoses	1	2	3	4	5
Presents appropriate amount of information	1	2	3	4	5
Presents material suitable to participant's cognitive level	1	2	3	4	5
Presents up-to-date and relevant information	1	2	3	4	5

Comments and Suggestions:

Preceptor EFFECTIVENESS	**Poor**	**Marginal**	**Average**	**Good**	**Outstanding**
Is enthusiastic	1	2	3	4	5
Stimulates students interest in the topic	1	2	3	4	5
Paces student adequately	1	2	3	4	5
Presents without distracting manners	1	2	3	4	5
Encourages questions and comments	1	2	3	4	5
Answers questions clearly and thoroughly	1	2	3	4	5

Comments and Suggestions:

	Poor	**Marginal**	**Average**	**Good**	**Outstanding**
OVERALL DIDACTIC TEACHING QUALITY:	1	2	3	4	5

OVERALL COMMENTS:

Faculty Peer Evaluator (**please print your name**): _____

Evaluator Signature: _____ **Date:** _____

Department: _____

Rank: _____ **Title:** _____