

**Pattern of Administration for
The Ohio State
University
College of Medicine
Department of Family
and Community
Medicine**

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I. INTRODUCTION

This document provides a brief description of the organization of the Department of Family and Community Medicine (DFCM) of The Ohio State University College of Medicine (COM) and a compilation of the policies and procedures which affect its members. It supplements the [Rules of the University Faculty](#), and other policies and procedures of the university to which the department and its faculty are subject. The latter rules, policies and procedures, and changes in them, take precedence over statements in this document.

This Pattern of Administration must be reviewed and either revised or reaffirmed on appointment or reappointment of the Department Chair. In keeping with Faculty Rule [3335-3-35](#)(C)(2), within the first year of their appointment or reappointment, the department Chair shall review the Pattern of Administration in consultation with the faculty. Any revisions shall be made with broad faculty input, obtained in a manner consistent with the department's established practices and procedures which include distribution via faculty email list and presentation, discussion as part of agenda on the monthly departmental faculty meeting. At other times, revisions may be proposed by the Department Chair or recommended to the Chair by unit committees or members of the faculty. The process for revision is the same as above.. All revisions, as well as periodic reaffirmation, are subject to approval by the college office and the Office of Academic Affairs.

II. DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE MISSION

Mission Statement: 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 the 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. ACADEMIC RIGHTS AND RESPONSIBILITIES

In April 2006, the university issued a [reaffirmation](#) of academic rights, responsibilities, and processes for addressing concerns.

IV. FACULTY

Faculty Rule [3335-5-19](#) defines the types of faculty appointments possible at The Ohio State University and the rights and restrictions associated with each type of appointment. The faculty shall be comprised of individuals who have a full-time or part-time academic appointment in the Department of Family and Community Medicine. For purposes of governance, the faculty in this Department includes tenure track, clinical, and research faculty with compensated FTEs of at least 50% in the department, and associated faculty.

The DFCM of COM makes tenure-track appointments with titles of instructor, assistant professor, associate professor, or professor. Tenure-track faculty may vote in all matters of departmental governance.

The DFCM of COM makes clinical appointments. Clinical faculty titles are clinical instructor; assistant clinical professor; associate clinical professor; and clinical professor.

The DFCM faculty voted to extend governance rights to clinical faculty. Clinical faculty may vote in all matters of departmental governance except tenure-track faculty promotion and tenure decisions and research faculty reappointment and promotion decisions. Clinical faculty may participate in discussions of clinical faculty matters including appointment, reappointment, and promotion reviews. Any clinical faculty member appointed by the department may stand for election to serve as a representative in the University Senate subject to representation restrictions noted in [Faculty 10 Rule 3335-7-11\(C\)\(2\)](#).

The DFCM of COM makes research appointments. Research faculty titles are research assistant professor, research associate professor, and research professor. The DFCM faculty voted to extend governance rights to research faculty. Research faculty may vote in all matters of department governance except tenure-track faculty promotion and tenure decisions and clinical faculty reappointment and promotion decisions. Research faculty may participate in discussions of research faculty matters including appointment, reappointment, and promotion reviews.

A. Clinical Faculty Appointment Cap

The Department of Family and Community Medicine has no cap on clinical faculty.

B. Research Faculty Appointment Cap

This department's number of research faculty will be no more than 20% of the number of tenure-track faculty, with research faculty positions always constituting a minority with respect to the number of tenure-track faculty in the unit. A majority vote of the department's tenure-track faculty is required to alter this appointment cap.

The DFCM of COM makes associated faculty appointments. Associated faculty titles include tenure-track faculty on less than a 50% appointment, adjunct titles, clinical or practice titles, lecturer titles, and visiting titles. Associated faculty may not participate in governance.

Emeritus faculty in this department are invited to participate in discussions on non-personnel matters, but may not participate in personnel matters, including appointment, promotion and tenure reviews, and may not vote on any matter.

Detailed information about the appointment criteria and procedures for the various types of faculty appointments made in this Department is provided in the [Appointments, Promotion and Tenure Document](#).

V. ORGANIZATION OF DEPARTMENTAL SERVICES AND STAFF

The Chair is responsible for the organization of services in the Department. In addition to the administrative roles of the chairs of committees, other services are organized as follows:

A. Rardin Family Medicine Center

This site functions as a model ambulatory care training setting. As appropriate, family medicine care is provided to patients on an independent and/or supervised basis by family medicine faculty, family medicine residents, and medical students.

B. OSU Family Medicine Outpatient Care East

This site functions as a model ambulatory care training setting. As appropriate, family medicine care is provided to patients on an independent and/or supervised basis by family medicine faculty, family medicine residents, and medical students.

C. Family Medicine Center(s)

These sites serve primarily for medical practices related to family medicine services. From an educational perspective, these sites are used selectively for fellowship training, residency training, and medical student rotations.

D. Center for Integrative Health

This site serves primarily for medical practices related to integrative medicine. While there is an element of family medicine rendered to patients in this setting, most health care delivery is targeted toward the mission of the respective complementary and alternative medicine modalities. From an educational perspective, this site is used selectively for fellowship training, residency training, and medical student rotations.

E. Sports Medicine Sites

These sites serve primarily for medical practices related to sports medicine services. While there is an element of family medicine rendered to patients in these settings, most health care delivery is targeted toward the mission of sports medicine. From an educational perspective, these sites are used selectively for fellowship training, residency training, and medical student rotations.

F. Occupational Medicine Sites

These sites serve primarily for medical practices related to occupational medicine services. While there is an element of family medicine rendered to patients in these settings, most health care delivery is targeted toward the mission of occupational medicine. From an educational perspective, these sites are used selectively for residency training and at times for medical student rotations.

G. In-Patient Family Medicine Service(s)

These services provide hospital-based care for family medicine patients primarily for the purpose of training family medicine residents but also for the purpose of teaching medical students. Patients typically are dismissed to the continuity of care panels of the family medicine residents and/or family medicine faculty members.

VI. OVERVIEW OF DEPARTMENTAL DECISION MAKING

Policy and program decisions are made in a number of ways: by the department faculty as a whole, by standing or special committees of the department, or by the department chair. The nature and importance of any individual matter determine how it is addressed. Department governance proceeds on the general principle that the more important the matter to be decided, the broader participation in decision making needs to be. Open discussions, both formal and informal, constitute the primary means of reaching decisions of central importance. Ultimately, however, the Department's Chair must retain responsibility for final decisions or recommendations to a higher level of administration.

VII. DEPARTMENT ADMINISTRATION

A. Department Chair

There shall be a Chair of the Department who shall be the administrative head. The Chair will represent the faculty of the DFCM to the Dean of the College of Medicine or others in University administration. Upon the nomination by the President, the Chair shall be appointed for a term of four years by the Board of Trustees. A Chair shall be eligible for reappointment. In selection of a Chair, the President shall confer with the Dean of the College of Medicine. The Dean, in turn, will consult the faculty of the Department, as well as other appropriate University officials.

The President may remove a Chair for cause during a four-year term after consultation with the voting faculty and Dean of the College of Medicine. The views of the faculty shall be given substantial weight in arriving at any decision to remove a Chair from office.

The primary responsibilities of the Chair are set forth in Faculty Rule [3335-3-35](#). This rule requires the Chair to develop, in consultation with the faculty, a Pattern of Administration with specified minimum content. This Pattern of Departmental Administration shall be made available to all current and prospective members of the faculty of the DFCM. The rule, along with Faculty Rule [3335-6](#), also requires the department chair to prepare, in consultation with the faculty, a document setting forth policies and procedures pertinent to appointments, reappointments, promotion and tenure.

Other responsibilities of the department chair, not specifically noted elsewhere in this Pattern of Administration, are paraphrased and summarized below.

1. To uphold expectations of the Leadership Philosophy:
 - Uphold Ohio State's [Shared Values](#) and engender trust through words and actions.
 - Care for people and create conditions for well-being and productivity.
 - Set clear direction and goals for their teams and align to the mission of the department
 - Solve problems and support their teams to adapt to changing contexts.
 - Drive cross-functional collaborations to advance goals of the department
 - Demonstrate commitment to continuous growth for themselves and their teams.
2. To have general administrative responsibility for the department programs, subject to the approval of the Dean of the College of Medicine. This broad responsibility includes the acquisition and management of funds and the hiring and supervision of faculty and staff.
3. To operate the business of the Department of Family and Community Medicine productively and efficiently.
4. To plan with the members of the faculty and the Dean of the College of Medicine a progressive program: to encourage research and educational investigations.
5. To continuously evaluate and improve the instructional and administrative processes.
6. To assign workload according to the department's workload guidelines (see Section IX) and faculty appointment type (and rank).
7. To evaluate and improve instructional and administrative processes on an ongoing basis; to promote improvement of instruction by providing for the evaluation of each course when offered, including written evaluation by students of the course and instructors, and periodic course review by the faculty.
8. To serve as Compliance Officer in relation to College and Hospital matters.
9. To evaluate faculty members annually in accordance with university and department established criteria; to inform faculty members when they receive their annual performance and merit review of their right to review their primary personnel file maintained by their department and to place in that file a response to any evaluation, comment, or other material contained in the file.
10. After consultation with the eligible faculty, to make recommendations to the dean of the college regarding appointments, reappointments, promotions, dismissals, and matters affecting the work of members of the DFCM faculty, in accordance with procedures set forth in Faculty Rules [3335-6](#) and [3335-7](#) and this department's Appointments, Promotion and Tenure Document.
11. To see that all faculty, regardless of their assigned location, are offered the departmental privileges and responsibilities appropriate to their rank and, in general, to maintain a high level of morale among departmental faculty members.
12. To maintain a curriculum vitae for all personnel teaching a course in the Department's curriculum.

13. To see that adequate supervision and training are given to those members of the faculty and staff who may profit by such assistance.
14. To prepare annual budget recommendations, after consultation with the faculty, for the consideration of the Dean to the College of Medicine.
15. To facilitate and participate in prescribed [academic program review](#) processes, in collaboration with the dean of the college and the Office of Academic Affairs.

Day-to-day responsibility for specific matters may be delegated to others. Matters involving administrative policies and procedures may be undertaken by the Chair or a committee. The Chair, however, retains final responsibility and authority for all matters covered by this Pattern, subject when relevant to the approval of the Dean, Office of Academic Affairs, and Board of Trustees.

Operational efficiency requires that the Chair exercise a degree of autonomy in establishing and managing administrative processes. The articulation and achievement of Departmental academic goals, however, are most successful when all faculty members participate in discussing and deciding matters of importance. The Chair will therefore consult with the faculty on all educational and academic policy issues and will respect the principle of majority rule. When a departure from majority rule is judged to be necessary, the Chair will explain to the faculty the reasons for the departure, ideally before action is taken.

B. Other Administrations

The Department Chair has the final responsibility for academic and clinical affairs of the Department. However, in the absence of the Chair, such responsibilities may be delegated as follows. The Department will have Vice Chair positions as needed. These may include: Vice Chair for Clinical Affairs, Vice Chair for Education, Vice Chair for Research, Vice Chair for Academic Affairs, Vice Chair for Community Health, and Vice Chair for Faculty Success.

1. Vice Chairs

a. Vice Chair of Academic Affairs:

The Vice Chair of Academic Affairs assists the Department Chair in all issues of faculty Appointment, Promotion and Tenure, and issues of ethical academic and professional conduct. The Vice Chair of Academic Affairs counsels and assists faculty in their professional development. All recruitments to the Department of Family and Community Medicine are directly or indirectly under the supervision of the Vice Chair, [in accordance with SHIFT guidelines](#), and this office seeks to identify and recruit broad, qualified applicant pools of extraordinary faculty. This office will also serve as a liaison with the Vice Dean for Faculty Affairs of the College of Medicine. Specific responsibilities include:

- Serve as Chair of the faculty Appointments, Promotion and Tenure Committee.
- Lead faculty discussions and deliberations regarding Appointments, Promotion, and Tenure issues.
- Report to the Department Chair the results of all faculty Appointments, Promotion and Tenure Decisions.
- Work in close collaboration with the Chair in the recruitment of new faculty to allow appropriate initial faculty appointment coincident with the formal offers to join the DFCM
- Conduct regular individual faculty discussion of career progress and provide

advice regarding the attainment of goals leading to appropriate promotion and career advancement. This may also involve review by the Appointment, Promotion, and Tenure Committee.

- Discuss faculty concerns regarding Appointment, Promotion and Tenure decisions and aid in resolution of these concerns on behalf of the Department and in accordance with Departmental, College, and Office of Academic Affairs guidelines.
- Reviews and aids in the mediation of concerns regarding ethical academic and professional conduct.
- Assists the Department Chair as deemed necessary in any areas constituting the broad context of the academic mission of the Department

b. Vice Chair, Clinical:

The Clinical Vice Chair has oversight responsibility related to inpatient and outpatient clinical operations including patient safety, including quality of care, protocol and practice guideline development and review, faculty and clinical provider recruitment and compensation, and assuring that the education and training of the Residents and Fellow. The Clinical Vice Chair will align the department clinical mission with that of the medical center ensuring high-quality care through the standardization of clinical practice, program implementation and staff mentoring. Specific responsibilities include:

- Ensure high-quality care through the standardization of clinical practice, program implementation and staff mentoring.
- Develop and oversee new and existing clinical programs.
- Seek and encourage operational improvements as required, particularly those impacting clinical workflow.
- Play a major role in clinical faculty and extender recruitment
- Develop, mentor, and support less experienced physicians.
- Monitors compliance of all clinic metrics (Customer Service, Membership, Retention, Length of Stay, clinic access etc.)
- Develop liaison relationships with the private community physicians and staff to support and promote safe clinical practices.
- Elevate the department's level of excellence and reputation, both nationally and internationally.
- Maintain professional affiliations and enhance professional growth and development to remain current in the changing healthcare trends as related to management of clinic operations.
- Work with the Chair to actively participate in fundraising efforts.
- Strategic planning and execution of plans to enhance the quality of clinical care
- Conduct review meetings each month to guarantee that high-quality care is being delivered to patients
- Examine individual patient encounters that have been identified as concerning compared to the standard of practice, and to recommend action that will be needed to improve care in the future.
- Report to the Chief Quality Officer of the Wexner Medical Center (WMC) to insure that monitoring of appropriate benchmarks is being followed and to insure that the highest quality of care is being delivered.
- Communicate with the Chief Quality Officer to insure that alignment of goals between the Department and the WMC are being addressed.
- Monitor patient satisfaction and clinical outcomes to insure that the highest level of patient service is being delivered.
- Collaborate with the WMC Chief Quality Officer to ensure quality goals and processes are in alignment with those of the WMC.

- Establish a team of division specific experts to develop quality initiatives for each office.

c. Vice Chair of Education:

The Vice Chair of Education is appointed by the Chair and is responsible for insuring the quality and competitiveness of educational programs within the department. This role requires participation in both educational program planning and clinical activities planning to ensure seamless integration between the educational and clinical missions of the department. Specific responsibilities include:

- Oversight of student educational activities.
- Coordination and analysis of the evaluation processes for all faculty and trainees
- Active collaboration with the College of Medicine's Director of Evaluation
- Planning and presentation of faculty development workshops for Departmental educators with specific emphasis on evaluation and assessment skills
- Active participation as administrative liaison in all appropriate institutional Graduate Medical Education (GME) committees
- Active participation national organizations and societies related to student development .
- Active participation in Continuing Medical Education (CME) courses for the Department including development of education-oriented CME programs for faculty

d. Vice Chair of Research:

The Vice Chair of Basic Research is charged with facilitating and advancing basic and clinical science research within the department and collaborate with the Vice Dean of Research for the College of Medicine. Specific responsibilities include:

- Identifying opportunities for collaborations between physician/clinician scientists within the Department of Family and Community Medicine, the College of Medicine, and the University.
- Participate in the design and implementation of the Departmental research strategic plan.
- Identify opportunities for the development of large programmatic grants Identify opportunities for which researchers may increase research funding Facilitation of expanded growth of programmatic opportunities.
- Serve as an information source to match faculty with similar research interest.
- Expand and extend infrastructure for high-impact research endeavors.
- Provide of assistance to faculty, as requested, in the identification of funding sources.
- Serve as a liaison with the College and University Research Offices
- Serve on appropriate committees as Departmental representative.
- Integrate the Departmental Research programs with the College and University Programs and develop a strategic plan to increase research engagement by residents, post-doctoral fellows, and other trainees.

e. Vice Chair for Faculty Success:

The Vice Chair for Faculty Success assists the Chair in developing policy and practices to advance departmental and institutional priorities related to faculty onboarding/recruitment, engagement, retention and exemplifying a workplace of choice. This office seeks to elevate team-based, lifelong learning by recruiting and retaining the best and brightest faculty and empowering them to achieve their full potential. Specific responsibilities include:

- Onboarding/Recruitment

- Participate as a member of the Search Committee and advise on recruitment strategies that attract talent that is mission driven and has diversity of thought.
- Implement a faculty onboarding program with assistance from the Faculty Affairs Program Manager and serve as a primary faculty point of contact for new hires
- Engagement
 - Assist with implementation and evaluation of faculty engagement tools
 - Develop and supervise initiatives to increase participation in departmental activities
 - Chair the DFCM Engagement Committee
- Retention
 - Assist Department Chair with new faculty follow up meetings as allowable
 - Develop and support retention efforts that foster a healthy work environment and enhance career satisfaction and professional growth. Use information from exit interviews to inform retention efforts
- Serve on appropriate committees as Departmental representative.

f. Vice Chair of Community Health:

The Vice Chair of Community Health, under the oversight of the department chair provides **leadership** through:

- Oversight of applicable department programs and initiatives.
 - Mobile Health (Coach) Outreach
 - Safety net clinics with focus on establishment of sustainable delivery of care through community-partners
 - Departmental response to State, National, and International Public Health strategies (Ohio State DPH, CDC, and WHO) relevant to community health
- Support and assistance for:
 - Provider led initiatives as they apply to the community health goals of the department
 - FQHCs and community partners as a liaison
 - ACO/insurance initiatives as they apply to vulnerable populations served by the department
- Mentorship of physicians, educators, and staff whose work focuses on community engagement and addressing determinants of health
- Service on system committees and national organizations to improve access to care for vulnerable populations and champion the departmental and health system work in Community Health.
- Communication through website, newsletter, and social media
- The Vice Chair of Community Health, in collaboration with the educational leadership of the department, informs educational priorities and provides **education** and support to the OSU FM Residency Program and OSU Medical school focused on community health objectives as they align to organizational goals and efforts.
- The Vice Chair of Community Health, in collaboration with departmental vice chairs, focuses **scholarship** on community identified health priorities and community-engagement, including supporting existing scholarly activities, developing infrastructure for implementation science in community health, and identifying grants that will support departmental community health goals.

B. Selection of Vice Chair(s)

Appointment of the Vice Chair(s) shall be made by the Department Chair.

C. Evaluation of Vice Chair(s)

Evaluation of Vice Chair(s) shall be done on an annual basis by the Department Chair.

D. Term

Each Vice Chair will serve for a term of two years and shall be eligible for reappointment. Each Vice Chair will be reviewed at the conclusion of the second year of their term. Such review(s) will be conducted by the Department Chair and will be based on the results of preceding annual reviews.

3. Programs and Program Directors

A. Academic Programs

The Academic Programs of the Department of Family and Community Medicine are primarily focused on advancing the discipline of family medicine through education and training, research, and scholarship. These Programs include Research, Medical Student Education, Family Medicine Residency Training, Primary Care Sports Medicine Fellowship, and Continuing Medical Education. Each of these programs is led by a respective Program Director.

B. Clinical Programs

The Clinical Program(s) of the Department of Family and Community Medicine are primarily specialized family medicine services. While there is an element of family medicine rendered to patients through a given program, most healthcare delivery is targeted toward the mission of the particular clinical program. Examples of current clinical programs are Integrative Medicine, Occupational Medicine, and Sports Medicine, Gender Affirming Care, Community Health, and Refugee Health. Each of these programs is led by a Lead Physician/dedicated faculty member who function as the Program Director.

C. Duties

Each Program Director/Lead Physician/dedicated faculty member will be responsible for the teaching, research, and clinical activity appropriate to the respective program, as well as approved fellowship programs. Program Directors/Lead Physicians/dedicated faculty members will be actively involved in faculty development and recruitment for their respective program. In addition, Program Directors/Lead Physicians/dedicated faculty members will be responsible for establishing a program budget and for allocating funds.

D. Selection of Program Directors

The Program Director for the Family Medicine Residency Training will be selected jointly by the Associate Dean of Graduate Medical Education and the Chair in consultation with the Executive Committee. The Program Director of the Primary Care Sports Medicine Fellowship Program will be selected jointly by the Chair, The Director of the Sports Medicine Division, and the Family and Community Residency Director.

E. Evaluation of Program Directors

Evaluation of Program Directors shall be done on an annual basis. The annual evaluation of the Program Director for the Family Medicine Residency Training will be conducted jointly by the Chair and the Director of Graduate Medical Education. The annual evaluation of the Primary Care Sports Medicine Fellowship will be conducted jointly by the Chair, the Director of the Sports Medicine Division, and the Director of Graduate Medical Education. All other departmental Program Directors

will be evaluated annually by the Chair.

F. Term

Each Program Director will serve for a term of four years and shall be eligible for reappointment. Each Program Director will be reviewed at the conclusion of the fourth year of his/her/their term, in accordance with the College of Medicine policy.

C. Staff

a. Department Administrator:

The Department Administrator serves as administrator for the Department of Family and Community Medicine, including its academic unit in the College of Medicine (COM) and its practice plan (FGP) and operates in partnership with the Department Chair. This administrator reports to the Chair, with dotted line reporting relationships to the Chief of Staff/Senior Director of Administration, College of Medicine; Executive Director, Faculty Group Practice; duties are shared between OSU COM and FGP. Specific responsibilities include:

- Directs, leads and manages all major departmental fiscal, human resources, educational, clinical, and research operations for the Department
- Directs, supervises, and coordinates functions and activities; ensures proper adherence to organization and department policies, objectives, and operating procedures
- Provides strategic management information to academic and practice plan leadership and oversees day-to-day administrative operations in areas of human resources, accounts receivable management, accounting and fiscal affairs (financial reporting and analysis, budgeting, expense control and revenue enhancement), space, research, promotion & tenure, and safety compliance
- Supports the Department Chair and faculty in development and implementation of strategy and policies, budget creation, annual review process, other duties as assigned
- Leads and manages departmental administrative staff positions, including Fiscal Officer, Faculty Affairs Program Manager, Education Manager, and other administrative hires

b. Fiscal Officer:

The Fiscal Officer establishes financial controls and policies, ensures controls are implemented and effective, executes financial operations, prepares and interprets financial and operational reports, and supports strategic decisions. The fiscal officer reports to the Department Administrator. Specific responsibilities include:

- Financial Operations oversees the financial and accounting operations of the unit including the following fiscal services: financial systems, reporting and internal controls, policies and regulations
- Develops and maintains the unit budget system and budgetary policies
- Supports the unit in budget preparation, forecasting, identifying and implementing strategic initiatives
- Oversees the general ledger, the preparation of unit financial reports, and performs financial analysis
- Responsible for the recording of revenue and accounts receivable including: billing customers and processing payments, record keeping, responding to customer inquiries related to account status, and the aging and write-off of receivables
- Responsible for maintaining the integrity of the physical assets of the unit, which includes recording the disposal or sale of fixed assets and the coordination of

- physical inventories
- Organizes internal audit responses

c. Faculty Affairs Program Manager:

The Faculty Affairs Program Manager manages and oversees recruitment, onboarding, development, promotion of faculty physicians. The faculty affairs program manager reports to the Department Administrator. Specific responsibilities include:

- In collaboration with the Vice Chair of Academic Affairs, supports the appointment, promotion, and tenure process for faculty
- Assists with compilation of dossiers for faculty going forward for promotion
- Serves as department point of contact for physician applicants, new hires, and on-boarded physicians
- Manages tracking of candidates, interview scheduling process, on-site interview process, and credentialing process
- Collaborates with external stakeholders for recruitment, credentialing, promotion, and other faculty related activities
- Manages the onboarding program by coordinating, scheduling, and conducting orientations tailored to new faculty hires

d. Education Manager:

The Education Manager manages and oversees the medical student education, residency, and fellowship programs within the Department. The education manager reports to the Department Administrator. Specific responsibilities include:

- Develops and establishes policies and guidelines; implements, oversees and enforces policies and procedures as they relate to the programs
- Serves as a liaison to faculty and organizations inquiring about the Department of Family and Community Medicine 's medical student education, residency & fellowship programs
- Collaborates with Vice Chair of Education, Residency Program Director, and Fellowship Program Directors to ensure compliance of residency and fellowship programs with the Accreditation Council of Graduate Medical Education
- Manages and oversees current medical student education training and curriculum with Medical Student Director
- Oversees and implements required changes to programs; plans, conducts and oversees program evaluations and studies
- Plans, conducts and oversees internal and external reviews for accreditation purposes
- Plan, develop and implement new, novel or innovative education initiatives on levels to positively impact and grow programs
- Serves as liaison to student inquiries of application and program requirements; plans, oversees and coordinates resident and fellow interview and orientation days
- In collaboration with Vice Chair of Education, plans departmental education opportunities; participates in the evaluation and selection of seminar topics, instructional materials and speakers

D. Committees

Much of the development and implementation of the department's policies and programs is carried out by standing and ad hoc committees. The department chair is an ex officio member of all department committees and may vote as a member on all committees except the Committee of Eligible Faculty and the Appointments, Promotion and Tenure Committee. The selection of faculty will be based on expertise, interest, and workload. Ad hoc committees will be formed at the discretion of, or delegation by the Chair.

a. GUIDELINES

1. Appointments

Appointments to standing committees and the appointment of the chairs of these committees shall be made by the DFCM Chair.

2. Term of Office

The normal term of office will be two to four years (unless noted otherwise below). A faculty member shall be eligible for reappointment to the same committee. The term of office for each committee may be adjusted to enhance the efficiency and effectiveness of the committee.

3. Meetings

Each standing committee shall meet upon the announcement by the chair of the committee. The frequency of the meetings will be related to the purpose of the committee.

b. STANDING DEPARTMENTAL COMMITTEES

Each committee, in consultation with the Chair, establishes operating policies and procedures consistent with committee's objective, and in accordance with the rules of the Department, College, and University. Membership for individual committees will be based on the necessary representation to cover the various interests of the faculty. Students are not included on any of these committees.

Executive Committee

Assists in decisions regarding departmental administration and compliance issues reflecting recommendations by other standing departmental committees. This committee consists of the department Chair, Vice Chairs, Department Administrator, Residency Director, and other appointed faculty and/or staff. Members are selected by the Department Chair. Each serves a four-year renewable term. Committee is always chaired by the Department Chair or Clinical Vice Chair in the Department Chairs absence. No trainees (students, residents or fellows) are invited to serve on this committee

Appointments, Promotion, and Tenure (APT) 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 may be added to it.

Finance Committee

The Finance Committee represents the Department's interest regarding all revenues and expenditures. The Chair of the Department, or designee, holds the responsibility for approval on all checks from FMF, Inc. and will serve as the Department's financial representative to the College of Medicine's Practice Plan. This committee consists of the Chair, Department Administrator, Fiscal Officer, and other relevant stakeholders by invitation of the Chair. Each member serves as part of their core employment expectations as long as they remain in their role. The committee is chaired by the Department Chair or designee. No trainees (students, residents or fellows) are invited to serve on this committee.

Medical Student Education Committee

This committee is responsible for the evaluation of the curriculum, student performance, and faculty teaching skills in accordance with the College of Medicine and the goals of the Department. This committee consists of the Vice Chair for Education, the Director of Medical Student Education, the Department Chair, and medical education staff. The committee is chaired by the Vice Chair for Education or Director of Medical Student Education in the Vice Chair of Education's absence. Each member serves as part of their core employment expectations as long as they remain in their role. No trainees (students, residents or fellows) are invited to serve on this committee. Length of term 1, year, renewable.

Program Evaluation Committee

This committee assists the Family Medicine Residency Director in all matters related to the program, to include competency-based curriculum development and evaluation, core residency faculty and resident recruitment, evaluation and retention, compliance with guidelines established by the Family Medicine Residency Review Committee, OSU College of Medicine, and Department, and annual review of the program's goals and objectives. This committee is responsible for clinical site operations where residents see patients. The committee consists of the Residency Program Director, Associate Program Directors, Chief Residents, residency staff and other residency core faculty. Number of members: minimum required by ACGME = 3, 2 faculty, 1 resident. Chair: Program Director. Staff Members: Program Manager. Members are selected based upon involvement in the residency program. Each core faculty member with administrative time allotted to the residency program is invited to participate in the committee. Additionally, our three chief residents are asked to participate to represent the residents. Length of term: 1 year, renewable.

Quality and Innovation Council

Meets monthly to review and advance the clinical enterprise within the department. The committee members consist of the lead physicians, facility managers, and care coordinators from the practice sites along with the director of ambulatory services. The committee is co-chaired by the Vice Chair, Clinical (or their delegate) and the director of ambulatory services (or their delegate). This committee reviews practice processes and improvements, quality and patient safety process and data, value-based contracting, advanced primary care models of care and any other issues affecting clinical practice. Each member serves as part of their core employment expectations and their term lasts the duration of their employment in that role. No trainees are invited to membership on this committee.

Engagement Committee

This committee is responsible for assisting with the development and implementation of initiatives that increase the sense of community and collaboration and improve departmental culture. The committee is

chaired by the Vice Chair for Faculty Success (or other designee as appointed by the Chair should the Vice Chair position be vacant). The membership of the committee shall be selected by the chair of the committee from self-nominated department faculty, staff and trainees. Trainees are full members of the committee and have the same rights as other committee members. Members of the committee serve for a one-year term that is renewable without limits.

Community Health Committee

The Community Health Committee is co-Chaired by the Vice Chair of Community Health and a departmental administrator. The committee members shall consist of self-selected faculty, staff, and clinicians. The committee meets monthly with a focus on identifying community health activities for the department to engage that align with the strategic plans of the department. The committee is voluntary and does not have term limits. Currently no students participate but may be considered in the future.

Search Committee

In compliance with SHIFT and OFCCP (Office of Federal Contract Compliance Programs) regulations, a standing faculty search committee will be established with representatives from the department including a procedures oversight designee as well as the Vice Chair of Academic Affairs and the Vice Chair for Faculty Success. The committee prepares position descriptions with inclusion of faculty position verbiage, institutional overview, shared values and OAA dual career support verbiage per vacant position, advertises availability of positions, recruits potential applicants, screens applicants, and conducts interviews. The committee shall participate in annual charge meetings or as needed based on vacancies and debrief meetings. The committee will comply with SHIFT documentation requirements. Member are selected by the Department Chair and serve four-year renewable terms. The chair is to be selected by the Department Chair. No trainees are invited to membership on this committee.

VIII. FACULTY MEETINGS

The Department shall hold faculty meetings at the discretion of the Chair, but at least monthly for informational and decision-making purposes on academic and clinical issues. Special faculty meetings may be called at the Chair's discretion. Reasonable efforts will be made to call for agenda items at least seven days prior for these meetings, and to distribute the agenda by e-mail at least three business days before the meeting. A meeting of the department faculty will also be scheduled on written request of 25% of the faculty. The department chair will make reasonable efforts to have the meeting take place within one week of receipt of the request. The department chair will distribute minutes of faculty meetings to faculty by e-mail—within seven days of the meeting if possible. These minutes may be amended at the next faculty meeting by a simple majority vote of the faculty who were present at the meeting covered by the minutes.

Special policies pertain to voting on personnel matters, and these are set forth in the department's [Appointments, Promotion and Tenure Document](#).

All professors, associate professors, assistant professors, and instructors who hold tenure track, clinical or research appointments as well as associated clinical faculty who are salaried by the Department will be invited. Attendance is expected. Administrative staff persons, or other staff members, may be invited as appropriate.

The topics covered in faculty meetings will be comprised of issues from committees as presented by the chair of the committee, issues from the department chair, issues from representatives of College and University committees, and faculty members who wish to raise particular items for discussion.

For purposes of discussing Department business other than personnel matters, and for making decisions where consensus is possible and a reasonable basis for action, a quorum will be defined as a simple majority of all faculty members eligible to vote.

Either the Department Chair or one-third of all faculty members eligible to vote may determine that a formal vote conducted by written ballot is necessary on matters of special importance. For purposes of a formal vote, a matter will be considered decided when a particular position is supported by at least a majority of all faculty members eligible to vote. Balloting will be conducted by mail or e-mail when necessary to assure maximum participation in voting. When conducting a ballot by mail or email, faculty members will be given one week to respond.

When a matter must be decided and a simple majority of all faculty members eligible to vote cannot be achieved on behalf of any position, the Department Chair will necessarily make the final decision.

The Department accepts the fundamental importance of full and free discussion but also recognizes that such discussion can only be achieved in an atmosphere of mutual respect and civility. Normally Departmental meetings will be conducted with no more formality than is needed to attain the goals of full and free discussion and the orderly conduct of business. However, Robert's Rules of Order will be invoked when more formality is needed to serve these goals.

IX. DISTRIBUTION OF FACULTY DUTIES, RESPONSIBILITIES, AND WORKLOAD

While faculty, individually and collectively, in the Department of Family and Community Medicine generally are involved in all three elements of the University's mission – research, teaching, and service – there will be differences among faculty members in the relative amounts of effort each spends in these three areas. Hence, there may be significant differences in the assignment of responsibilities to individual faculty members at the discretion of or in negotiation with the Chair. Such differences in responsibilities will reflect an individual faculty member's strengths, interests, and abilities and will be based on three principles: 1) overall departmental workload expectation to ensure a balance of faculty time and effort spent in teaching, research, and service is the responsibility of the Chair; 2) types and amounts of instruction needed to accomplish the teaching mission of the Department; and 3) general expectations for research and creative activity by the faculty at any particular time.

Faculty roles and responsibilities are described in the initial letter of offer. Workload assignments and expectations for the upcoming year are addressed as part of the annual performance and merit review by the department chair based on department needs as well as faculty productivity and career development.

During on-duty periods, faculty members are expected to be available for interaction with students, research, and departmental meetings and events even if they have no formal assignment. Every member of the faculty who is assigned instruction is expected to establish and maintain regular office hours in order to be readily available to students. On-duty faculty members should not be away from campus for extended periods of time unless on an approved leave (see section XII) or on approved travel.

Telework exception: Faculty members with responsibilities requiring in-person interaction are to work at a university worksite to perform those responsibilities. Telework and the use of remote, virtual meetings are allowed at the discretion of the department chair if such work can be performed effectively and faculty members are able to fulfill their responsibilities. Telework will be encouraged under certain circumstances if it serves the needs of the department, college, university, and/or community. The department chair has the discretion to require faculty to work on campus if there are concerns that responsibilities are not being fulfilled through telework.

The guidelines outlined here do not constitute a contractual obligation. Fluctuations in the demands

and resources of the department and the individual circumstances of faculty members may warrant temporary deviations from these guidelines.

A full-time faculty member's primary professional commitment is to Ohio State University and the guidelines below are based on that commitment. Faculty who have professional commitments outside of Ohio State during on-duty periods (including teaching at another institution; conducting research for an entity outside of Ohio State; external consulting, malpractice consulting) must disclose and discuss these with the chair in order to ensure that no conflict of commitment exists. Information on faculty conflicts of commitment is presented in the university's [Policy on Outside Activities and Conflicts](#). Faculty Group Practice agreements for faculty 50% or greater prohibit the practice of medicine outside of Ohio State. For those less than 50%-time, documentation must be submitted to the Chair prior to practicing medicine outside of Ohio State to ensure that documentation is included as part of the employment agreement.

In crisis situations, such as life-threatening disease (COVID, for example) or physical dangers (natural disasters, for example), faculty duties, responsibilities, and workload may be adjusted by the department chair to take into account the impact over time of the crisis. These adjustments may include modifying research expectations in order to maintain teaching obligations. These assignment changes must be considered in annual reviews.

A. Tenure-track Faculty

Tenure-track faculty members are expected to contribute to the university's mission via teaching, scholarship, and service. When a faculty member's contributions decrease in one of these three areas, additional activity in one or both of the other areas is expected.

Teaching

All tenure-track faculty are expected to contribute to the department's teaching. The university's standard workload expectation for full-time tenure-track faculty members is 40-50% time allocation to total workload. As a clinical department in the College of Medicine, tenure-track faculty teaching can consist of formal teaching, research-based teaching, and clinical teaching depending on the faculty members' responsibilities and total workload. Faculty members are also expected to advise junior faculty as needed.

Formal teaching can encompass 5-50% of tenure-track faculty workload relative to their focus on scholarship, clinical care, and service. Formal teaching can include teaching courses by either individual instructors or a faculty team. Formal teaching workload can also include creating, developing, and revising instructional materials. Finally, formal teaching workload can also include advising undergraduate students, graduate students, and medical students. Adjustments to teaching assignments may be made to account for new curriculum development, modality of teaching (e.g., online teaching, team teaching), and other factors that may affect the preparation time involved for formal teaching activities.

Tenure-track faculty teaching workload can also include research-based teaching. Research-based teaching occurs in the context of faculty scholarship. Research-based teaching can constitute 5%-30% of tenure track faculty members' overall workload relative to their formal teaching workload and their workload for scholarship, clinical care, and service. Tenure-track faculty engage with learners in the context of their scholarship including, but not limited to, supervising students and trainees involved in research projects, guiding student and trainee research, directing individual study, mentoring postdoctoral scholars and clinical trainees in research, and mentoring trainees for fellowships, career development awards, and other similar mentored research.

Finally, tenure-track faculty teaching workload can include clinical teaching. For tenure-track faculty with clinical responsibilities, this includes teaching, precepting, supervising, and evaluating learners in

clinical settings. Learners include medical students, residents, fellows, and other health sciences clinical students and trainees. Clinical teaching can constitute 10%-40% of a faculty member's overall workload relative to their workload for scholarship, clinical care, and service.

The Chair and the Residency Program Director are responsible for annual teaching assignments for each faculty member.

Scholarship

All tenure-track faculty members are expected to be engaged in scholarship as defined in the department's Appointments, Promotion, and Tenure Document. The university workload expectation for tenure-track faculty is 40%-50% time allocation to scholarship. Generally, DFCM tenure-track faculty are expected to allocate 50% workload to scholarship in alignment with university guidelines, with typical ranges of 50%-75% with commensurate extramural support for salary and research costs. Workload allocation to scholarship is determined by the Chair with consultation by the Vice Chair of Research, and can be adjusted based on variety of variables including salary support for scholarly activity, academic productivity, career goals, and the mission of the Department. Over a four-year rolling period tenure-track faculty who are actively engaged in scholarship will be expected to publish regularly in high quality peer-reviewed journals as well as in other appropriate venues, such as edited book chapters of similar quality and length as articles. Tenure-track faculty engaged in basic, applied, or clinical research are expected to attract extramural funding as noted above. When appropriate to the field of research, faculty are also encouraged to seek appropriate opportunities to obtain patents and engage in other commercial activities stemming from their research.

Service

Faculty members are expected to be engaged in service and outreach to the department, university, profession, and community. This pattern can be adjusted depending on the nature of the assignment (e.g. service as committee chair, service on a particularly time-intensive committee, organizing a professional conference, leadership in an educational outreach activity, service in an administrative position within the department, college, or university). The percent effort dedicated to service for tenure-track faculty can range from 5-20% depending on workload in other areas, but it may be up to 50% for faculty with roles in which service is a key part of their responsibilities such as leadership and administrative roles.

All faculty members are expected to attend and participate in faculty meetings, recruitment activities, and other department events.

Service loads should be discussed and agreed to during annual performance and merit reviews. When heavy service obligations are primarily volunteer in nature, the department chair is not obligated to modify the service load of the faculty member (reduce teaching and/or scholarly obligations). If, however, a heavy service load is due to the faculty member's unique expertise, perspective, or voice, this should be noted in the annual performance review letter, considered when distributing the faculty member's other duties, and taken into account for the AMC Process. The department chair should also consider this additional service burden in managing equity of service loads among faculty.

B. Clinical Faculty

The DFCM appoints clinical faculty with titles of Assistant Clinical Professor, Associate Clinical Professor, and Clinical Professor. As described in the DFCM [Appointments, Promotion, and Tenure Document](#) these faculty may have emphasis in one of three major pathways known as Clinical Excellence, Clinician Educator, and Clinician Scholar Pathways. Expectations and the nature of scholarship in these pathways are further described in the [Appointments, Promotion and Tenure Document](#).

All clinical faculty provide clinical care. Faculty performance in clinical service will be reviewed at least annually, and it will include productivity, patient satisfaction, and clinical quality metrics.

Clinical faculty are also expected to contribute to the DFCM education mission. The workload dedicated to teaching can differ based on clinical pathways. However, teaching largely comprises clinical teaching activity. This includes teaching, precepting, supervising, and evaluating learners in clinical settings. Learners include medical students, residents, fellows, and other health sciences clinical students and trainees.

Clinical faculty members are also expected to contribute to the department's research mission. Scholarly activity can include scholarship of education, basic, clinical, translational, and/or health services research, or excellence in patient care and management depending on the faculty member's career focus. Details of scholarship activity for clinical faculty are described in the DFCM [Appointments, Promotion, and Tenure Document](#).

Clinical faculty are also expected to be engaged in service and outreach to the department, university, profession, and/or community. The nature of such service will depend on the faculty member's expertise, rank, pathway, interests, and workload related to teaching, scholarship, and clinical care. The nature of service and contributions to service can also vary based on DFCM needs.

General workload distributions for clinical faculty are reflected below. These are intended as guidelines, not strict rules, and may vary based on faculty needs/preferences, department needs, available funding, and other relevant factors.

Clinical Excellence: 5%-40% teaching, 0-20% scholarship, 60-100% clinical care, 5-20% service

Clinician Educator: 20-50% teaching, 0-50% scholarship, 25%-85% clinical care, 5-20% service

Clinician Scholar: 5-40% teaching, 20-85% scholarship, 25-85% clinical care, 5-20% service

C. Research Faculty

Research faculty members are expected to contribute to the university's mission via research.

In accord with Faculty Rule [3335-7-34](#),

a research faculty member may, but is not required to, participate in limited educational activities in the area of his or her expertise. However, teaching opportunities for each research faculty member must be approved by a majority vote of the TIU's tenure-track faculty. Under no circumstances may a member of the research faculty be continuously engaged over an extended period of time in the same instructional activities as tenure-track faculty.

Standard workload expectations for full-time research faculty members are 0-10% teaching, 90-100% research, and 0-10% service, depending on specific expectations as spelled out in the letter of offer.

D. Associated Faculty

Standard workload expectations for compensated associated faculty members are 80-100% teaching, 0-20% scholarship, and 0-20% service, depending on the terms of their individual appointments.

Faculty members with tenure-track titles and appointments <50% FTE will have reduced expectations

based on their appointment level.

Expectations for compensated visiting faculty members will be based on the terms of their appointment and are comparable to that of tenure-track faculty members except that service is not required.

Associated faculty members with clinical responsibilities are expected to participate in some form of undergraduate, graduate, medical student, resident, or continuing medical education instruction for which they receive formal evaluations on an annual basis.

A. Balance Between Instructional, Scholarly, and Service Activity

Each academic/clinic program within the Department of Family and Community Medicine is expected to be productive within each of these three areas. It is the responsibility of the program director to insure that an appropriate balance of activities is maintained between faculty members consistent with the expectation of the division.

E. Modification of Duties

The Department of Family and Community Medicine of COM strives to be a family-friendly unit in its efforts to recruit and retain high quality faculty members. To this end, the department is committed to adhering to the College of Medicine's guidelines on modification of duties to provide its faculty members flexibility in meeting work responsibilities within the first year of childbirth/adoption/fostering, or care for an immediate family member who has a serious health condition, or a qualifying exigency arising out of the fact that the employee's immediate family member is on covered active duty in a foreign country or call to covered active duty status. See the [college pattern of administration](#) for details. See also the OHR [Parental Care Guidebook](#) and the Parental Leave Policy in Section XII.

A faculty member requesting a modification of duties and the department chair should be creative and flexible in developing a solution that is fair to both the individual and the unit while addressing the needs of the university. Expectations must be spelled out in an MOU that is approved by the dean.

X. COURSE OFFERINGS, TEACHING SCHEDULE, AND GRADE ASSIGNMENTS

Clinical teaching occurs at clinical offices each of which has an Educational lead. That lead is responsible for the education on a monthly basis of each medical student completing their Med III primary care rotation. Additional students in Med, II, or IV may also complete their required rotations at offices of the Department of family and Community Medicine. The Educational Lead at each offices helps to facilitate all clinical rotations with Vice Chair of Education. Grading is conducted through the use of "Vitals".

Faculty of the Department and Family and Community Medicine may at times serve as portfolio coach, or student group lecturers. This is coordinated through the Vice chair of Education, with assignments and grading as outlined by the COM Syllabus.

If an instructor of record is unable to assign grades due to an unexpected situation (i.e. health or travel), or if they have not submitted grades before the university deadline and are unreachable by all available modes of communication, the department chair may determine an appropriate course of action, including assigning a faculty member to evaluate student materials and assign grades for that class. The University Registrar will be made aware of this issue as soon as it is known and will be provided a timeline for grade submission.

XI. ALLOCATION OF DEPARTMENTAL RESOURCES

The department chair is responsible for the fiscal and academic health of the department and for assuring that all resources—fiscal, human, and physical—are allocated in a manner that will optimize achievement of department goals.

The department chair will discuss the department budget at least annually with the faculty and attempt to achieve consensus regarding the use of funds across general categories. However, final decisions on budgetary matters rest with the department chair.

Research space shall be allocated on the basis of research productivity, including external funding, and will be reallocated periodically as these faculty-specific variables change.

The allocation of office space will include considerations such as achieving proximity of faculty in subdisciplines and productivity and grouping staff functions to maximize efficiency. The allocation of salary funds is discussed in the [Appointments, Promotion and Tenure Document](#).

During the course of fulfilling one's responsibilities as a member of the faculty or staff, it is sometimes necessary to attend professional meetings, external to campus. The Department recognizes a responsibility to encourage and support such activity. Travel supported by the University and the Department of Family and Community Medicine must be approved as part of the annual travel budget, with the exception of that which is approved separately by the Chair. Faculty and staff can request travel support for the reasons including, but not limited to the following:

- a. Requested to attend regarding matters important to the Department.
- b. Professional abstract/paper submitted and accepted for presentation per a peer-review process.
- c. Required to attend because of elected or appointed service role in sponsoring organization.
- d. New to the Department and/or the profession with a need to establish professional experience and knowledge base.
- e. Recommended to attend by Chair of Department for professional development reasons.
- f. Personal desire to attend for professional development reasons.

Expectations: The Department follows the University Travel Policy. For all pre-approved travel per the annual departmental travel budget referenced above, each traveler must submit an OSU travel request prior to the trip and book airfare at least 30 days in advance of the trip. The traveler must submit for reimbursement for expenses within 60 days of purchase. Upon return from the professional meeting and usually not later than the next regularly scheduled faculty meeting, a written and/or oral report will be made to the Chair and/or faculty, as appropriate. If the purpose of the professional travel was primarily for continuing education purposes then it is expected that the new learning(s) be shared in an appropriate venue and time to the benefit of the greatest number of persons.

XII. LEAVES & ABSENCES

In general, there are four types of leaves and absences taken by faculty (in addition to parental leave, which is detailed in the [Parental Care Guidebook](#)). The Department of Family and Community Medicine uses established College, University, and Ohio State University Physicians, Inc. policies regarding how leaves are considered and approved and how leaves of absences from duty are handled. Vacation, sick, unpaid, parental, etc. leave will be requested through the [Workday](#) system. Leave associated with attending scientific/professional meetings is completed through Workday. The university's policies and procedures with respect to leaves and absences are set forth on the Office of Human Resources [Policies and Forms website](#). The information provided below

supplements these policies.

A. Discretionary Absence

Faculty are expected to complete a travel request or an [request for absence form](#) at least 30 days in advance of a planned absence (for attendance at a professional meeting or to engage in consulting) to provide time for its consideration and approval and time to assure that instructional and other commitments are covered. Discretionary absence from duty is not a right, and the Department Chair retains the authority to disapprove a proposed absence when it will interfere with instructional or other comparable commitments. Such an occurrence is most likely when the number of absences in a particular semester is substantial. [Rules of the University Faculty](#) require that the Office of Academic Affairs approve any discretionary absence longer than 10 consecutive business days (see Faculty Rule [3335-5-08](#)).

B. Absence for Medical Reasons

When absences for medical reasons are anticipated, faculty members are expected to complete [request for absence form](#) as early as possible. When such absences are unexpected, the faculty member, or someone speaking for the faculty member, should let the Department Chair know promptly so that instructional and other commitments can be managed. Faculty members are always expected to use sick leave for any absence covered by sick leave (personal illness, illness of family members, medical appointments). Sick leave is a benefit to be used—not banked. For additional details see OHR [Policy 6.27](#).

C. Unpaid Leaves of Absences

The university's policies with respect to unpaid leaves of absence and entrepreneurial leaves of absence are set forth in OHR [Policy 6.45](#).

D. Faculty Professional Leave (FPL)

Information on faculty professional leaves is presented in the OAA [Policy on Faculty Professional Leave](#).

It is recommended that the faculty member submit proposals to the department chair least three months in advance of the proposed leave. The department chair will review the proposal consistent with the Department's guidelines for Faculty Professional Leave, as described in the Department's pattern of administration. If approved, the department chair will submit the proposal to the Dean or their delegate for approval, who will then submit the document for OAA approval, with leave applications finally recommended to the Board of Trustees for final approval.

E. Parental Leave

The University, the College, and this Department recognize the importance of parental leave to faculty members. Details are provided in the OHR [Parental Care Guidebook](#), Paid Leaves Program [Policy 6.27](#), and the [Family and Medical Leave Policy 6.05](#).

XIII. ADDITIONAL COMPENSATION AND OUTSIDE ACTIVITIES

Information on additional compensation is presented in the [OAA Policy on Faculty Compensation](#). Information on paid external consulting is presented in the university's [Policy on Outside Activities and Conflicts](#). The information provided below supplements these policies.

This department adheres to these policies in every respect. In particular, this department expects faculty members to carry out the duties associated with their primary appointment with the university at a high level of competence before seeking other income-enhancing opportunities. All activities providing additional compensation must be approved by the department chair regardless of the source of compensation. External consulting must also be approved. Approval will be contingent on the extent to which a faculty member is carrying out regular duties at an acceptable level, the extent to which the extra income activity appears likely to interfere with regular duties, and the academic value of the proposed consulting activity to the department. In addition, it is university policy that faculty may not spend more than one business day per week on supplementally compensated activities and external consulting combined.

Faculty with an administrative position (for example, chair, associate/assistant dean, center director) remain subject to the Policy on Outside Activities and Conflicts and with appropriate approval, are permitted to engage in paid external work activities. However, faculty members with administrative positions are not permitted to accept compensation/honoraria for services that relate to or are the result of their administrative duties and responsibilities.

Information on paid external consulting is presented in the university's [Policy on Outside Activities and Conflicts](#). A Paid External Consulting form, available [here](#), must be completed and signed at department, college, and university levels approving each consulting event. The practice of medicine is not allowed as a consulting activity. For example, faculty who are members of Faculty Group Practice and who are compensated for patient care activities must be in compliance with their respective Physician Employment Agreement as well as the Ohio State University Physicians, Inc. Conflict of Interest Policy.

Faculty who fail to adhere to the University's policies on these matters, including seeking approval for external consulting, will be subject to disciplinary action.

Should a Department faculty member wish to use a textbook or other material that is authored by the faculty member and the sale of which results in a royalty being paid to him/her/them, such textbook or material may be required for a course by the faculty member only if (1) the Department Chair and Dean or designee have approved the use of the textbook or material for the course taught by the faculty member, or (2) an appropriate committee of the Department or College reviews and approves the use of the textbook or material for use in the course taught by the faculty member.

XIV. FINANCIAL CONFLICT OF INTEREST

Information on faculty financial conflicts of interest is presented in the University's [Outside Activities and Conflicts](#). A conflict of interest exists if financial interests or other opportunities for tangible personal benefit may exert a substantial and improper influence upon a faculty member or administrator's professional judgment in exercising any University duty or responsibility, including designing, conducting or reporting research.

Faculty members with external funding or otherwise required by University policy are required to file conflict of interest screening forms annually and more often if prospective new activities pose the possibility of financial conflicts of interest. Faculty who fail to file such forms or to cooperate with university officials in the avoidance or management of potential conflicts will be subject to disciplinary action.

In addition to financial conflicts of interest, faculty must disclose any conflicts of commitment that arise in relation to consulting or other work done for external entities. Further information about conflicts of commitment is included in section IX above.

XV. GRIEVANCE PROCEDURES

Members of the Department with grievances should discuss them with the Department Chair who will review the matter as appropriate and either seek resolution or explain why resolution is not possible. Content below describes procedures for the review of specific types of complaints and grievances.

A. Salary Grievances

A faculty or staff member who believes that his or her salary is inappropriately low should discuss the matter with the Department Chair. The faculty or staff member should provide documentation to support the complaint.

In cases that cannot be resolved at the department level, a faculty member may file a salary grievance with the Dean. The Salary Appeals Committee handles salary appeals according to procedures outlined in the OAA Policies and Procedures Handbook. A formal salary appeal can also be filed with the Office of Faculty Affairs (see Chapter 4, Section 2 of the Office of Academic Affairs [Policies and Procedures Handbook](#)).

Staff members who are not satisfied with the outcome of the discussion with their department chair and wish to pursue the matter should contact Employee and Labor Relations in the Office of Human Resources.

B. Faculty Promotion and Tenure Appeals

Promotion and tenure appeals procedures are set forth in Faculty Rule [3335-5-05](#).

C. Faculty and Staff Misconduct

Complaints alleging faculty misconduct or incompetence should follow the procedures set forth in Faculty Rule [3335-5-04](#).

Any student, faculty, or staff member may report complaints against staff to the department chair. The [Office of Employee and Labor Relations](#) in the Office of Human Resources can provide assistance with questions, conflicts, and issues that arise in the workplace.

D. Harassment, Discrimination, and Sexual Misconduct

The [Civil Rights Compliance Office](#) exists to help the Ohio State community prevent and respond to all forms of harassment, discrimination, and sexual misconduct.

- 1 Ohio State's policy and procedures related to equal employment opportunity are set forth in the university's [policy on equal employment opportunity](#).
- 2 Ohio State's policy and procedures related to nondiscrimination, harassment, and sexual misconduct are set forth in the university's [policy on nondiscrimination, harassment, and sexual misconduct](#).

E. Violations of Laws, Rules, Regulations, or Policies

Concerns about violations of laws, rules, regulations, or policies affecting the university community should be referred to the [Office of University Compliance and Integrity](#). Concerns may also be registered anonymously through the [Anonymous Reporting Line](#).

F. Complaints by and about Students

Normally student complaints about courses, grades, and related matters are brought to the attention of individual faculty members. In receiving such complaints, faculty should treat students with respect regardless of the apparent merit of the complaint and provide a considered response. When students bring complaints about courses and instructors to the Department Chair, the Chair will first ascertain whether or not the students require confidentiality. If confidentiality is not required, the Chair will investigate the matter as fully and fairly as possible and provide a response to both the students and any affected faculty. If confidentiality is required, the Chair will explain that it is not possible to fully investigate a complaint in such circumstances and will advise the student(s) on options to pursue without prejudice as to whether the complaint is valid or not. See Faculty Rule [3335-8-23](#).

Faculty complaints regarding students must always be handled strictly in accordance with university rules and policies. Faculty should seek the advice and assistance of the Department Chair and others with appropriate knowledge of policies and procedures when problematic situations arise.

G. Academic Misconduct

Board of Trustees Rule [3335-23-15](#) stipulates that the Committee on Academic Misconduct does not hear cases involving academic misconduct in colleges having a published honor code, although some allegations against graduate students fall under the committee's jurisdiction. Accordingly, faculty members will report any instances of academic misconduct to the appropriate Associate Dean (student life, graduate studies, graduate medical education or school of health & rehabilitation sciences), who will involve the Committee on Academic Misconduct, if appropriate, or will otherwise follow the Program's (Undergraduate, Graduate, Professional Graduate Medical) procedures for addressing allegations of violations of the professional student honor code.

Professional Student Honor Code

Professionals have a moral responsibility to themselves, to their patients, to their associates, and to the institution with which they are affiliated, to provide the best service possible. Personal ethics require certain inherent elements of character that include honesty, loyalty, understanding, and the ability to respect the rights and dignity of others. Personal ethics require conscientious preparation during one's academic years for eventual professional duties and responsibilities. A continuation of the development of professional efficiency should be accomplished by observation, study, and investigation during one's entire professional life. Strength of character should enable one to rise above prejudice in regard to race, creed, or economic status in the interest of better professional service. To maintain optimum professional performance, one should be personally responsible for maintaining proper physical and moral fitness. Finally, it must be realized that no action of the individual can be entirely separated from the reputation of the individual or of their profession. Therefore, a serious and primary obligation of the individual is to uphold the dignity and honor of their chosen profession by thoughts, words, and actions.