

**Appointments, Promotion,
and Tenure
Criteria and Procedures for
The Ohio State University
College of Medicine
Department of Internal 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 Office of Academic Affairs [Policies and Procedures Handbook](#); and other policies and procedures of the college and university to which the Department of Internal Medicine (DOIM) and its faculty are subject.

Should those rules and policies change, the Department of Internal Medicine 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 of Internal Medicine Chair.

This document must be approved by the Dean of the College of Medicine and the Office of Academic Affairs before it may be implemented. It sets forth the Department of Internal Medicine's mission and, in the context of that mission and the missions of the College of Medicine and university, its criteria and procedures for faculty appointments and for faculty promotion, tenure and rewards, including salary increases. In approving this document, the Dean of the College of Medicine and the Office of Academic Affairs accept the mission and criteria of the Department of Internal Medicine and delegate to it the responsibility to apply high standards in evaluating current faculty and faculty candidates in relation to the Department of Internal Medicine 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 the Department of Internal Medicine and the College of Medicine; and to make negative recommendations when these are warranted in order to maintain and improve the quality of the faculty. All faculty should retain the APT document in effect when they were hired that outlines the expectations for faculty conduct and promotion requirements, as this document is revised periodically, and promotion requirements may change.

Decisions considering appointment, reappointment, and promotion and tenure will be free of discrimination in accordance with the university's [policy on equal employment opportunity](#). *"Ohio State does not discriminate on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or veteran status, or any other bases under the law, in its employment, which includes hiring and selection practices."*

II. Mission of the Department of Internal Medicine

To improve people's lives through innovation in research, education, and patient care. Working as a team to shape the future of medicine by creating, disseminating, and applying new knowledge to meet the needs of each individual.

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 Department of Internal Medicine.

The chair of the Department of Internal Medicine, the Dean of the College of Medicine and assistant/associate/vice deans of the college, the executive vice president and provost, and the president of the University 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 appointment of an assistant professor does not require faculty review. It is determined by a recommendation to the department chair by those faculty members conducting the search, in addition to approval of the vice dean for faculty affairs.
- Appointment of an associate professor or professor must be approved by the Department of Internal Medicine (IM) Appointments, Promotion and Tenure (APT) Committee, which is described in Section III B. Eligible faculty members for review of these appointments consist of tenure track committee members at or above the proposed rank of the new appointment.
- **Advanced Rank Review.** A vote on the appropriateness of the proposed rank must be cast by all tenured faculty members of the IM APT Committee of equal or higher rank than the position requested.

Reappointment, Promotion, or Promotion and Tenure Reviews

- For the reappointment, promotion and tenure reviews of assistant professors, the eligible faculty consists of all tenured associate professors and professors on the IM APT Committee.
- For the promotion reviews of associate professors, the eligible faculty consists of all tenured professors on the IM APT Committee.

2. Clinical Faculty

Appointment Reviews

- **Initial Appointment Review.** Initial appointment of an assistant clinical professor (hiring or appointment change from another faculty type) does not require faculty review but is determined by a recommendation to the department chair by those faculty members conducting the search, in addition to approval of the vice dean for faculty affairs.
- An appointment (hiring or appointment change from another faculty type) review of an associate clinical professor or a clinical professor must be approved by the IM APT committee, which is described in Section III B. Eligible faculty members for these appointments consist of tenure track committee members serving on the clinical faculty section of the IM APT committee and all clinical faculty committee members at or above the proposed rank of the new appointment.
- **Advanced Rank Review.** A vote on the appropriateness of the proposed rank must be cast by tenured faculty committee members serving on the clinical section of the IM APT

Committee, and all clinical faculty committee members 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 the associate clinical professors and clinical professors of the clinical section of the IM APT Committee and all tenured associate and professors serving on that section.
- 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 serving on the clinical section of the IM APT Committee.

3. Research Faculty

Initial Appointment Reviews

- Initial appointment of a research assistant professor (hiring or appointment change from another faculty type) does not require faculty review but is determined by a recommendation to the department chair by those faculty members conducting the search in addition to approval of the vice dean for faculty affairs. An appointment (hiring or appointment change from another faculty type) review of a research associate professor or research professor must be approved by the tenure section of the IM APT committee and the clinical faculty members of the IM APT committee, described in Section III B.
- A research faculty member at the rank of research associate professor or research professor, as appropriate, may be selected by the department chair or the executive vice chair for Academic Affairs, as needed, to vote on appointment. Eligible faculty members for these appointments consist of tenure track committee members serving on the IM APT committee, clinical faculty serving on the tenure section of the committee and research faculty if selected to review and vote, who are at or above the proposed rank of the new appointment.
- **Advanced Rank Review.** A vote on the appropriateness of a research associate professor or research professor must be cast by all members of the tenure section of the IM APT committee, all clinical faculty members serving on the tenure section of the committee and any research faculty who may be selected to review and vote, who are 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 tenured members of the IM APT Committee, clinical faculty members serving on the tenure section of the IM APT Committee, and any non-probationary research associate professors or research professors who may have been selected to review and vote on the reappointment or promotion.
- For the reappointment and promotion reviews of research associate professors and the reappointment reviews of research professors, the eligible faculty consists of all tenured

members of the IM APT Committee, clinical faculty members serving on the tenure section of the IM APT Committee, and any non-probationary research associate professors or research professors who may have been selected to review and vote on the reappointment or promotion, who are at or above the rank of the faculty member being considered for reappointment or promotion.

4. Associated Faculty

Initial Appointment and Reappointment

- Initial appointment (hiring or appointment change from another faculty type) of all associated faculty *without advanced rank* is based on the recommendation of faculty involved in the faculty search, as well as the relevant division director, to the department chair, and with the approval of the Vice Dean for Faculty Affairs. An evaluation letter from a person who can attest to the faculty member's primary contribution in clinical care, teaching or scholarship is required.
- For the initial appointment (hiring or appointment change from another faculty type) of **compensated associated** faculty members who do not have tenure track titles, the eligible faculty consists of all clinical faculty on the clinical section of the IM APT Committee as well as the tenure track committee members attending the meeting of the clinical section of the committee (See Section IIIB) who are at or above the proposed rank of the faculty appointment. An evaluation letter from a person who can attest to the faculty member's primary contribution in clinical care, teaching or scholarship is required.
- For initial appointment (hiring or an appointment change from another faculty type) of associated faculty with tenure track titles, the eligible faculty consists of all tenure track faculty on the tenure section of the IM APT Committee and all clinical faculty who are serving on the tenure section of the IM APT Committee who are at or above the proposed rank of the faculty appointment. An evaluation letter from a person who can attest to the faculty member's primary contribution in clinical care, teaching or scholarship is required.
- Initial appointments at senior rank require a vote by the eligible faculty members of the appropriate section of the IM APT Committee as described in Section IIIB Committee who are at or above the rank proposed for the faculty candidate and prior approval of the college dean.
- The eligible faculty for reappointment reviews of associated faculty consists of all members of the appropriate section of the IM APT Committee as described in Section IIIB who are at or above the rank proposed for the faculty candidate.

Promotion Reviews

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

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

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

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

For the promotion review of a lecturer to senior lecturer, the eligible faculty shall be the tenured faculty members and all clinical faculty committee members at the rank of associate professor and professor from the relevant section of the IM APT Committee.

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; or
- in a family relationship, such as a spouse, child, sibling, or parent, or other relationship, such as a close personal friendship, that might affect one's judgment or be seen as doing so by a reasonable person familiar with the relationship.

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

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 of Internal Medicine 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 tenure-initiating unit within the college.

B. Promotion and Tenure Committee

The Appointments, Promotion and Tenure Committee (APT) of the Department of Internal Medicine (IM) represents all eligible faculty in the Department in matters regarding initial appointments, reappointments, promotions, and awards of tenure.

Faculty eligible to serve on the committee are all non-probationary clinical, non-probationary research (see below), and non-probationary tenure-track faculty members whose TIU is the Department of Internal Medicine, and who are at the rank of associate professor or professor. Eligibility of committee members to vote on appointments, tenure, promotions or faculty reappointments is described above in Section III.A.1-4. The responsibilities of the Committee are described in Section VI.B.

The Executive Vice Chair for Academic Affairs and Associate Vice Chairs for Academic Affairs supervise the IM APT Committee.

The committee consists of 12 non-probationary clinical faculty (at least 6 of whom are at the rank of professor) and 12 non-probationary tenured faculty members (at least 6 of whom are at the rank of professor). A research faculty member at the rank of associate professor or professor, as appropriate, may be selected by the department chair or the Executive Vice Chair for Academic Affairs as needed to vote on appointment, reappointment or promotion of senior rank research faculty.

Committee members will be selected by an at large vote of all faculty members of the Department Internal Medicine with the exception of associated faculty. All tenure-track faculty can vote for tenure-track faculty representatives, and all clinical faculty can vote for clinical faculty representatives. No departmental division will have more than 3 tenure-track and 3 non-tenure track representatives to the committee unless it is not possible to fill the committee with this limitation. In such cases, a departmental division may have more than three faculty members serve on the committee.

The term of appointment for service on the committee is three years and appointments are staggered so that one third of the committee is elected or re-elected each year. Committee members may serve two consecutive terms, and after two consecutive terms must not serve on the committee for three years before being eligible for reelection.

The APT Committee will consist of two sections.

- 1) The first section (Tenured) consists of all elected tenured faculty members who will make recommendations concerning tenure track faculty and those faculty in the Clinician Scholar pathway whose career paths are similar to those of tenure-track faculty.

- 2) The second section (Clinical) consists of all elected clinical faculty who will make recommendations concerning faculty on the Clinician Educator and Clinical Excellence pathways.
- In addition, four members of the tenured section of the Committee will attend each of the meetings of the clinical section to review and participate in recommendations and voting regarding clinical faculty. These need not be the same faculty members at each meeting unless a candidate is discussed during more than one meeting. This will assure that tenured faculty have the required input on all promotions in the Department.
 - In addition, four members of the clinical section of the Committee will attend each of the meetings of the tenure section of the Committee to participate in the recommendations and voting regarding non-tenured clinical faculty on the Clinician Scholar pathway. These need not be the same faculty members at each meeting unless a candidate is discussed during more than one meeting.

Each committee section will elect a chair who will serve a three-year term. The duties of the chair are to preside over the committee meetings, assign reviewers at their discretion, and oversee the voting regarding appointment, promotion, and/or tenure decisions. The Committee chairs' terms of appointment will be extended beyond three years if required to allow a full three years of service as chair.

Two procedure oversight designees (POD) will be elected by each committee section, each to serve a one-year term (see section VI.B). Two PODs are elected to assure the presence of at least one at each committee meeting. The POD's may be re-elected for an unlimited number of terms while they serve on the committee. At least one POD must be a member of the Tenured Faculty. A POD elected from the clinical faculty cannot endorse documents or procedures relevant to Tenure-track Faculty promotions. The role of the POD is to assure that all procedures outlined in the APT document are followed and to sign verification that all procedures, including the presence of a quorum, have been followed.

The tenure section of the APT committee may deliberate and vote on any faculty appointment or promotion as needed such as cases in which there is an imbalance in the number of clinical and tenure track faculty seeking promotion.

Division directors or those who have administrative leadership positions in the Medical Center cannot serve on the committee.

C. Quorum

The quorum required to discuss and vote on all personnel decisions in each section of the APT committee is fifty percent (50%) plus one of the eligible committee members. Faculty on approved leave are not considered for 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 on approved university leave (e.g. medical, business, parental) are not counted when determining quorum unless they declare, in advance and in writing, their intent to participate in all proceedings for which they are eligible during the leave.

Faculty members with a competing scheduling constraint at the scheduled meeting time are not excused absences and do count as members of the eligible faculty.

D. Recommendation from the Eligible Faculty

In all votes taken on personnel matters only “yes” and “no” votes are counted. Abstentions are not permitted and are not votes. Absentee ballots and proxy votes are not permitted, but participating fully in discussions and voting via remote two-way electronic connection is allowed.

1. Appointment

- In the [SHIFT](#) Framework for faculty recruitment, search committees make their recommendations to the Department Chair. A positive recommendation from the eligible faculty for appointment of senior rank faculty is secured when a simple majority of the votes cast are positive.
- In the case of a joint appointment, the Department must seek input from a candidate’s joint-appointment TIU prior to his/her/their appointment.

2. Reappointment, Promotion and Tenure, and Promotion

- A positive recommendation from the eligible faculty for reappointment, promotion and tenure, and promotion is secured when a simple majority of the votes cast are positive.
- In the case of a joint appointment, the Department must seek input from a candidate’s joint-appointment TIU prior to his/her/their reappointment, promotion, and/or tenure.

IV. Appointments

A. Criteria

The Department of Internal Medicine is committed to making faculty appointments that enhance or have strong potential to enhance its quality. Important considerations include the individual's record to date in teaching, scholarship and service; the potential for professional growth in each of these areas; the potential for interacting with colleagues and students in a way that will enhance their academic work and attract other outstanding faculty and students to the Department. No offer will be extended in the event that the search process does not yield one or more candidates who would enhance the quality of the Department. The search is either cancelled or continued, as appropriate to the circumstances.

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

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

1. Tenure-track Faculty

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

Appointments to this track are made in accordance with [University Rule 3335-6-02](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. There 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 Department to provide sufficient evidence in support of a tenure-track faculty appointment so as to ensure that the faculty candidate has clearly and convincingly met or exceeded applicable criteria in teaching, scholarship, and service [see Section VI. of this document for examples].

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

Each appointee must 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 always probationary. Appointment at the rank of instructor is made only when the offered appointment is that of assistant professor, but requirements for the terminal degree, training or career accomplishment required to serve as an assistant professor have not been completed by the candidate at the time of appointment. Appointments at the rank of instructor are also appropriate for individuals who could need time to establish a research program and set themselves up for the requirements to progress toward tenure. Procedures for appointment are identical to those for an assistant professor. The Department will make every effort to avoid such appointments. An appointment at the instructor level is limited to three years. Promotion to assistant professor occurs without review 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. 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.

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 does not recommend requesting prior service credit. This request must be approved by the Department's eligible faculty, the department chair, the dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate, since prior service credit cannot be revoked once granted except through an

approved request to 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 (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 earned terminal degree is the minimum requirement for appointment at the rank of assistant professor. Evidence of potential for scholarly productivity, high-quality teaching, and high-quality service to the Department and the profession is highly desirable. Appointment at the rank of assistant professor is always probationary. Tenure cannot be awarded at the rank of assistant professor. An assistant professor must be reviewed for promotion and tenure no later than the mandatory review year (6th year of appointment for faculty without significant clinical responsibilities, 11th year of appointment for faculty with significant clinical responsibilities). However, promotion and tenure may be granted by following the promotion and tenure review process at any time during the probationary period when the faculty member’s record of achievement so merits. Similarly, a probationary appointment may be terminated at any time subject to the provision of University Rule [3335-6-08](#) and the provision of paragraphs (6), (H), and (I) of [University Rule 3335-6-03](#).

Consistent with Faculty [rule 3335-6-09](#), faculty members without clinical service responsibilities are reviewed for promotion & tenure no later than the 6th year as to whether promotion and tenure will be granted at the beginning of the 7th year. For individuals not recommended for promotion and tenure after the mandatory review, the 7th year will be the final year of employment. Faculty members with significant 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 employment.

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 College discourages these requests because if granted it is irrevocable except through an approved request to extend the probationary period.

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

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience.
- 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 (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.

Review for tenure prior to the mandatory review year is possible when the Promotion and tenure Committee determines such a review to be appropriate.

Appointment: Associate Professor with Tenure on the Tenure-Track

Appointment offers at the rank of associate professor, with tenure, require prior approval of the University Office of Academic Affairs. Criteria for appointment to the rank of associate professor with tenure are identical to the criteria for promotion to associate professor with tenure, as detailed in Section VI of this document. In general, appointments at the rank of associate professor shall not entail a probationary period unless there are compelling reasons not to offer tenure.

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 department 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.

Appointment: Professor with Tenure on the Tenure-Track

Appointment offers at the rank of professor require prior approval of the University Office of Academic Affairs. Criteria for initial appointment to the rank of professor with tenure are identical to the departments and College of Medicine's criteria for promotion to professor with tenure, as detailed in Section VI of this document.

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

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

2. Clinical Faculty

Clinical faculty are equivalent to tenure-track faculty in importance to the College of Medicine and this department. 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.

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 and professional practice faculty members must be for a period of five years. The initial contract is probationary, with reappointment considered annually. A faculty member will be informed by the end of each probationary year if they will be reappointed for another 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. 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 the contract may be renegotiated at the time of reappointment. Second and subsequent contracts for clinical faculty must be for a period of at least three years and for no more than five years. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges if required for successful execution of their faculty responsibilities. Tenure is not granted to clinical faculty.

Those appointed to the clinical faculty in the Department of Internal Medicine may choose from among three pathways of career emphasis that are recognized as pathways to promotion: clinician scholar, clinician educator and clinical excellence pathways. These pathways are not strictly defined at the time of hiring or explicitly stated in letters of offer but are selected by the faculty member based on their career interests and are documented in the annual review letters. Those in the clinician scholar pathway focus on clinical or translational science; those in the clinician educator focus on their role as an educator; those in the clinical excellence pathway emphasize the advancement and innovation of excellent clinical care. There is clear overlap among these pathways and faculty will have elements of all three in their careers. However, the major career emphasis of the faculty member defines their pathway. The specific achievements leading to promotion in these three pathways are discussed in greater detail under the sections on promotion review.

Appointment: Clinical Instructor. Appointment is normally made at the rank of clinical instructor when the appointee has not completed the requirements for the terminal degree. The Department will make every effort to avoid such appointments. When an individual is appointed as an instructor, the letter of

offer should indicate the specific benchmarks and accomplishments that will be necessary for promotion to assistant professor.

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

In the event, the instructor has not completed requirements for promotion to the rank of assistant professor by the end of the penultimate year of the contract period, a new contract will not be considered.

Candidates for appointment to the rank of instructor on the clinical faculty 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. An earned doctorate or terminal degree in a faculty member’s field and the required licensure/certification in their specialty if applicable are the minimum requirements for appointment at the rank of clinical assistant professor or professional practice assistant professor. Evidence of ability to teach is highly desirable.

The initial appointment to the rank of assistant clinical professor is always probationary. 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 (D) of University Rule [3335-7-07](#). An assistant 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 training.
- Evidence of contributions to scholarship, education, community engagement or patient care and the potential to advance through the faculty ranks.
- 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.

Appointments: Associate Clinical Professor and Clinical Professor. Appointment at the rank of associate clinical professor or clinical professor requires that the individual has an earned doctorate or terminal degree in their field and the required licensure/certification in their specialty if applicable, and meet, at a minimum, the Department’s criteria in teaching, professional practice and other service, and scholarship for promotion to these ranks as outlined in Section VI of this document.

3. Research Faculty

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

Tenure is not granted to research faculty.

Contracts will be for a period of at least one year and for no more than five years and must explicitly state the expectations for salary support. In general, research faculty appointments will require 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 appointment is probationary, with reappointment considered annually. There is also no presumption that subsequent appointments will be offered, regardless of performance. Appointment to the research faculty allows faculty members to achieve benchmarks for promotion and tenure prior to initiation of the probationary period in the tenure track. All benchmarks achieved during the research faculty appointment count towards promotion if and when the faculty member has been appointed to the probationary period of the tenure track.

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.

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.

Research faculty members are eligible to serve on University committees and task forces but not on University governance committees. Research faculty members also are eligible to advise and supervise graduate and postdoctoral students and to be a principal investigator on extramural research grant applications. Approval to advise and supervise graduate students must be obtained from the graduate school as detailed in Section 13 of the [Graduate School Handbook](#).

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.

The minimum criteria for appointment to research assistant professor is:

- 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 (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 associate professor on the research faculty 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 professor on the research faculty are identical to those criteria for promotion to this rank as outlined in Section VI of this document.

4. Associated Faculty

Associated Faculty, as defined in the [*Rules of the University Faculty 3335-5-19 \(D\)*](#), include “persons with clinical practice titles, adjunct titles, visiting titles, and lecturer titles.” Persons with a tenure-track faculty title on an appointment of less than 50% FTE are associated faculty. Members of the associated faculty are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters. Associated faculty appointments are for one to three years. The below titles are used for associated faculty in the College of Medicine.

Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor. Adjunct appointments are *uncompensated*. Adjunct faculty appointments are given to individuals who give academic service to the Department such as teaching a course or serving on graduate student committees, providing clinical service or participating in research for which a faculty title is appropriate. The adjunct faculty rank is determined by applying the criteria for appointment of tenure-track, clinical or research faculty, as appropriate to the appointment. Adjunct faculty members are eligible for promotion (but not tenure) and the relevant criteria are those for promotion of tenure-track, clinical, or research faculty, as appropriate to the appointment.

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

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

Clinical Instructor of Practice, Clinical Assistant Professor of Practice, Clinical Associate Professor of Practice, Clinical Professor of Practice. Associated clinical practice appointments may either be

compensated or uncompensated. Uncompensated appointments are given to individuals who volunteer uncompensated academic service such as clinical care, teaching or participation in research to the Department, 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 clinical practice rank is determined by applying the criteria for appointment of clinical faculty. Associated clinical practice faculty members are eligible for promotion (but not tenure) and the relevant criteria are those for promotion of clinical faculty.

Lecturer. Appointment as lecturer requires that 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 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 that the individual have a terminal degree 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.

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 unit 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, outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.
 - b) Research: These faculty members may collaborate with the department or division in research projects or other scholarly activities.
 - c) Service to a department: 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 (Appendix B).

Appointment: Associated Faculty at Advanced Rank Associated faculty may be compensated or uncompensated and typically provide service to the college 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.

The criteria for appointment of uncompensated faculty at an advanced rank are the same as for compensated faculty. The review process by the APT Committee is the same as for these faculty (see section IVA).

5. Emeritus Faculty

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

Faculty will send a request for emeritus faculty status to the department chair outlining academic performance and citizenship. The faculty eligible to conduct promotion reviews within the requestor’s appointment type (see Section III.A.1-4) will review the application and make a recommendation to the department chair. The department chair will decide upon the request, and if appropriate submit it to the dean. If the faculty member requesting emeritus status has in the 10 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 [3335-5-04](#), 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. These are paid faculty positions with the FTE and salary support shared between one or more academic units. These appointments are therefore distinct from courtesy appointments. To establish a joint faculty appointment, a [memorandum of understanding \(MOU\)](#) 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 for Faculty

Occasionally the active academic involvement in the Departmental missions by a tenure-track, clinical, or research faculty member from another TIU at Ohio State warrants the offer of a 0% FTE (courtesy) appointment in the Department of Internal Medicine. Appropriate active involvement includes research collaboration, graduate student advising, teaching, which may be focused on a variety of learners or domains, or a combination of these. Such appointments must be made in the same faculty rank/track, using the same title, as that offered in the primary TIU.

B. Appointment Procedures

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

The SHIFT (Strategic Hiring Initiative for Faculty Talent) Framework was designed to identify and recruit broad, qualified applicant pools of extraordinary scholars who are leaders in their respective fields. Deans, department chairs, and search committee members work in partnership with the Office of Faculty Affairs and other key stakeholders in adherence to this framework to ensure a thorough, fair, and consistent faculty search process. The framework consists of four distinct phases—each of which includes a series of core requirements (must-do action steps) and optimal practices (aspirational action steps)—followed by a fifth phase focused on preboarding and onboarding.

This department adheres in every respect to the Framework requirements as detailed at [SHIFT](#).

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

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

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

1. Tenure-track Faculty

A national search is required to ensure a 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 college and 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 Department to commence a search process. This approval may or may not be accompanied by constraints with regard to salary, rank, and field of expertise.

The department chair appoints a search committee consisting of three or more faculty who reflect the field of expertise that is the focus of the search (if relevant), as well as other fields within the Department.

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

If the offer involves senior rank (associate professor or above), solicitation of external letters of evaluation are required and follow the same guidelines as for promotion reviews. If an offer involves senior rank, the eligible faculty members vote on the appropriateness of the proposed rank. If an offer may involve prior service credit, the eligible faculty members vote on the appropriateness of such credit. The eligible faculty reports a recommendation on the appropriateness of the proposed rank or the appropriateness of prior service credit to the department chair. Appointment offers at the rank of associate professor, with or without tenure, or professor, and/or offers of prior service credit require prior approval of the Office of Academic Affairs.

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

The Department will discuss potential appointment of a candidate requiring sponsorship for permanent residence or nonimmigrant work-authorized status with the Office of International Affairs. A Memorandum of Understanding ([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 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 department and aligned with its cultures.

3. Research Faculty

Searches for appointments in the research faculty should follow the same procedures as those utilized by the department and the College of Medicine for tenure-track faculty. As for candidates for appointment to the tenure-track faculty, it is recommended that research faculty candidates make a presentation to learners and faculty regarding their scholarship. A national search is required to ensure a pool of highly qualified candidates for all research faculty positions. As above, those appointed to the research faculty should evidence a career consistent with the values of the college and aligned with its cultures.

4. Transfers: Track and TIU

Transfers between faculty categories are permitted only under the strict guidelines detailed in the paragraphs below, per University Rules [3335-7-09](#) and [3335-7-10](#). A transfer to a different appointment type should be motivated by a clear change in a faculty member's career orientation and goals. An engaged, committed, and productive faculty should be the ultimate goal of all appointments.

Transfer: Tenure-Track to Clinical Faculty

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

The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities.

Transfer: Tenure-Track to Research Faculty

If faculty members wish to engage primarily in research, without the multiple demands required of the tenure-track, they may request a transfer. A transfer request must be approved by the department chair, dean, and executive vice president and provost. The first appointment to the research faculty is probationary; and tenure, or the possibility thereof, is revoked.

The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed.

The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities.

Transfer: Clinical or Research to Tenure-Track

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

Transfer: Tenure Initiating Unit (TIU Transfer)

Following consultation with 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 will fill an existing vacancy in the receiving unit, the MOU will describe the resources supporting the position, including salary, provided by the receiving unit.

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 above) and candidate interviews. The appointment is then decided by the department chair based on recommendation from the search committee. If an offer involves senior rank (e.g., senior lecturer), the eligible faculty members (see Section III.A.4) vote on the appropriateness of the proposed rank. The eligible faculty reports a recommendation on the appropriateness of the proposed rank to the department chair.

The reappointment of all **compensated** associated faculty members is decided by the department chair in consultation with the IM APT Committee and the director of the division to which the faculty member will be appointed.

The reappointment of all compensated associated faculty members is decided by the department chair in consultation with director of the division to which the faculty member is appointed. 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 department chair in consultation with the director of the division to which the faculty member will be appointed.

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, 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 Appointments

This department 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](#) 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 for Faculty

Any Department of Internal Medicine faculty member may propose a 0% FTE (courtesy) appointment for a tenure-track, clinical, or research faculty member from another Ohio State University tenure-initiating unit. A proposal that describes the uncompensated academic service to the Department justifying the is presented to the department chair as well as the Executive and Associate Vice Chairs for Academic Affairs. An offer of appointment is extended if the chair and vice chairs deem it to be appropriate. The department chair and Executive and Associate Vice Chairs for Academic Affairs 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

The Department follows the requirements for the annual performance and merit review 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 as well as a written assessment.

- 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 is to assist faculty in improving professional productivity through candid and constructive feedback and through the establishment of professional development plans.
- The review should establish the goals against which a faculty member's performance will be assessed; and
- The review will 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 review must include the College of Medicine's expectation for collegiality. Faculty are expected to set a high example of collegiality in the workplace with respect for personal boundaries
- The review of faculty with budgeted joint appointments must include input from the joint appointment TIU 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.

The Department Chair may designate the responsibility for annual performance and merit reviews to appropriate unit administrators. Since the DOIM is a large unit with more than 50 probationary faculty, the Office of Academic Affairs has granted an exception that the Department Chair must schedule a face-to-face meeting with all probationary faculty as part of the review. An opportunity for a face-to-face meeting with the Department Chair or the 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.

All Department of Internal Medicine faculty members at all ranks on the Tenure-Track, Clinical Faculty and Research Faculty undergo an in-person annual review with their division director. (For information on annual reviews of associated Faculty, see Section V.F below.) This is an important opportunity for faculty members to evaluate their career goals, their career development, as well as their needs and opportunities for further career growth. The Department uses a review document in which the faculty member lists career goals, as well as achievements in specific domains, including scholarship, education, clinical service, and leadership. Goals from the previous year are listed, and there is an assessment as to the faculty's success in achieving those goals, as well as barriers to those that were not achieved. During this discussion with the division director, the faculty member's goals for the next academic year should be mutually agreed upon, as well as resources that may be available to support these goals. This is also an opportunity for faculty members to review benchmarks for promotion, and discuss future plans for advancement in rank, if applicable.

Each division director will meet with the Department Chair and the Executive Vice Chair for Academic Affairs to discuss each faculty member's annual review. This is another opportunity to identify faculty members who may be considered for promotion in the forthcoming year. It is also an opportunity to identify faculty members who may not be advancing appropriately or whose performance is below the agreed upon goals with the division director. The Department Chair and Executive Vice Chair for Academic Affairs will discuss possible avenues to support improvement in performance and achievement of goals.

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

A. Documentation

For their annual performance and merit review, compensated faculty members must submit the following documents to the department chair by a date set by the department.

- Office of Academic Affairs [dossier outline](#) (*required for probationary faculty*)
- The Department of Internal Medicine annual review document, which reviews goals and accomplishments for the past year and defines mutually agreed upon goals for the upcoming year (*all faculty*)
- Updated CV in the Association of American Medical Colleges (AAMC) format, which will be made available to all faculty in an accessible place (*all faculty*)

- The *Promotion and Tenure Consideration Form*, peer evaluations of teaching acquired annually, and all teaching evaluations.

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 Director of the faculty member's division, as well as research mentors or directors of institutes or centers to which the faculty member is appointed. The faculty member meets with these individuals in person to discuss their performance, future plans, and goals. A written evaluation is prepared that includes a recommendation on whether to renew the probationary appointment.

The Department Chair recommends renewal of the appointment based on their own assessment and the above evaluation. A positive renewal recommendation is final. The division director's annual review letter to the faculty member renews the probationary appointment for another year and includes a discussion regarding future plans, and goals. The faculty member may provide written comments on the review. The division director's letter (along with the faculty member's comments, if received) is forwarded to the Department Chair and the dean of the College of Medicine. In addition, the annual review letter becomes part of the cumulative dossier for promotion and tenure (along with the faculty member's comments).

If the division director and Department Chair recommend nonrenewal, the Fourth-Year Review process (per Faculty Rule [3333-6-03](#)) 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 Department Chair) makes the final decision regarding renewal or nonrenewal of the probationary appointment. The objective of this review will be to determine if adequate progress toward the achievement of promotion and tenure is being made by the faculty member.

External review letters are not generally not solicited, but the faculty member prepares a dossier equivalent to that used for application for promotion. External evaluations are solicited only when either the department chair or 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 dossier is reviewed and voted on by the tenure-track members of the IM APT Committee and a written summary of accomplishments and areas requiring improvement is prepared. The results of this review are summarized in a letter by the committee member performing the review and this letter is further reviewed and edited as required by the committee chair. The review letter is then forwarded to the Executive Vice Chair for Academic Affairs and the Department Chair for further review. They will collaborate in writing the Department's probationary review letter, which is then forwarded to the College of Medicine.

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 of Medicine 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 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 Mandatory Tenure Review

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

3. Extension of the Tenure Clock

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

C. Annual Review Procedures: Tenured Faculty

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

Professors are reviewed annually by the Department Chair or 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 in the discovery and dissemination of new knowledge relevant to the mission of the Department of Internal Medicine, as demonstrated by national and international recognition of their scholarship; ongoing excellence in teaching, including their leadership in graduate education in both teaching and mentoring students; outstanding service to the department, the college, the university, and their profession, including their support for the professional development of assistant and associate professors. Professors are expected to be role models in their academic work, interactions with colleagues and students, 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 an associate professor or professor has an administrative role, the impact of that role and other assignments will be considered in the annual review. The Department Chair or designee prepares a written evaluation of performance considering these expectations. The faculty member may provide written comments on the review.

D. Annual Review and Reappointment Procedures: Clinical Faculty

The annual performance and merit review process for clinical probationary and non-probationary faculty is performed according to the procedures outlined in section V.B. Accountability for the annual review process resides with the Department Chair.

In the penultimate contract year of a clinical faculty member's appointment, a formal performance review is necessary to determine whether the faculty will be offered reappointment. 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.

The Department of Internal Medicine determines the process for reappointment according to the procedures set forth in the [Faculty Annual Review and Reappointment Policy, III, A-G](#). There is no presumption of renewal of appointment.

E. Annual Review and Reappointment Procedures: Research Faculty

The annual performance and merit review process for research probationary and non-probationary faculty 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 Department Chair.

In the penultimate contract year of a research faculty member's appointment, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. The reappointment review during the probationary period (i.e. initial term) requires 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.

The Department of Internal Medicine determines the process for reappointment according to the procedures set forth in the [Faculty Annual Review and Reappointment Policy, III, A-G](#). For faculty in one- and two-year appointment terms, the department will ensure these faculty receive the appropriate review and notification according to their term.

F. Annual Review Procedures: Associated Faculty

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

When considering reappointment of **non-compensated** associated faculty members, at a minimum, their contribution to the department must be assessed on an annual basis and documented for the individual's

personnel file. This may take the form of self-evaluation. Neither a formal written review nor a meeting is required.

G. Salary Recommendations

The Department Chair makes annual salary recommendations for non-clinical faculty in consultation with their division directors. These recommendations are forwarded 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 department chair consults with the director of the division to which the faculty member is appointed. The department chair should proactively engage in an annual equity audit of faculty salaries to ensure that they are commensurate both within the division and across the field or fields represented in the department. Salary increases should be based upon these considerations.

It is the expectation of the college that merit salary increases, and other rewards made by a department will be made consistent with this APT document and other relevant policies, procedures, practices, and standards established by: (1) the 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 department and subject to the Faculty Group Practice (FGP) Compensation Plan as appropriate.

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 (see Section V-A above) for an annual performance and merit review at the required time, will receive no salary increase in the year for which documentation was not provided, except in extenuating circumstances. Faculty 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.

Outlined below are the Department of Medicine's formal criteria for academic advancement, including promotion on each faculty appointment type and the awarding of tenure. When the Department forwards the dossier of a candidate for review by the College and has recommended promotion and/or granting of tenure, every diligent effort has been made to ensure the qualifications of the candidate meet or exceed applicable criteria.

Although institutional citizenship and collegiality cannot be used as an independent criterion for promotion or tenure, these positive attributes characterize the ability of a faculty member to effectively contribute to exemplary scholarship, teaching and service. A commitment to these values and principles can be demonstrated by constructive responses to and participation in University, College and Departmental initiatives. Examples include participation in faculty governance, outreach and service, ethical behavior, adherence to principles of responsible conduct of research, constructive conduct and behavior during the discharge of duties, responsibilities and authority, and the exercise of rights and privileges of a member of the faculty. 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](#) (Appendix B).

This department is committed to assessing the practice of these values and principles as part of all performance evaluations.

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

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, clinician scholar pathways, research faculty, and tenure-track faculty 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 (see below for examples of scholarship of practice emphasized in the clinical excellence pathway).

Fundamental to promotion in the clinician educator and clinician scholar pathways, research faculty and tenure-track is evidence of continuous scholarly productivity and an evaluation of the totality of the impact of a candidate's body of work. Any area of research consistent with mission of the Department of Internal Medicine and the College of Medicine is acceptable as long as impact and an upward trajectory of a candidate's achievements over time can be demonstrated. 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 clinical faculty and tenure-track is in part a recognition of the totality of the impact of a candidate's educational activities as measured by high quality engagement and sustained excellence. Promotion to professor requires ongoing engagement and demonstrated excellence in education.

High quality engagement

- Teaching in any of the defined categories of education within and outside of the Department of Internal Medicine
- Leadership roles in teaching or educational programs
- Innovation or novel application in local classroom teaching methods
- Development of new educational products such as curriculum, assessment tools or programs, policy statements, technologies such as simulation, etc.
- Development of new Masters or Doctoral degree programs.
- Leading or substantive participation in education-related committees
- Involvement in local mentoring programs, particularly outreach programs that enhance the department's engagement with the greater community.
- 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, including those in the clinical excellence pathway, 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 health equity, 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. Altmetrics and similar measures may be used 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 Altmetrics 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 to Associate Professor with Tenure

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

The award 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 awarding of tenure is an acknowledgment of excellence and future potential for preeminence. It requires evidence of consistent achievement throughout the professional life of the faculty member. Promotion to the rank of associate professor with tenure occurs when a faculty member exhibits convincing evidence of excellence in the discovery and dissemination of new knowledge, as demonstrated by a national level of significance and recognition of scholarship. In addition, excellence in teaching and outstanding service to the University are required but alone are not sufficient for promotion and awarding of tenure.

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

The three key achievements (scholarship, teaching, and service) are individually discussed below and examples are presented in the table below.

Achievement of a national reputation is a prerequisite for promotion to an associate professor and awarding of tenure. Objective examples of a national reputation include service on NIH or equivalent grant review panels, participation on federal steering, serving on national guideline panel or advisory committees in their field, selection for service in a national professional society, invitations to lecture at other national academic institutions or a national society, serving as a scholarly reviewer, receipt of national scientific awards, and other measures of national impact.

National recognition and impact may also be demonstrated through non-traditional metrics [see Defining Impact above]. This can include but is not limited to social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics. In addition, Altmetrics scores, non-academic invited presentations, or collaborations that advance the mission of the university or the field can all contribute to significant and high impact scholarship. However, these non-traditional metrics do not in and of themselves demonstrate the impact of research.

Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. While individual circumstances may vary, both the quantity and quality of publications should be considered. Due to the extensive variation in disciplines encompassed by the Department, it is difficult to establish expectations for journal impact factors or other metrics such as the H-index. However, all members of the faculty should strive to publish in the highest quality journals in their field and should provide indication of the

relative caliber of those journals in their discipline. The number of times a journal article is cited is further evidence of a paper's impact.

A sustained record of high quality and quantity of scholarly productivity as an assistant professor is required for promotion to the rank of associate professor. A suggested range of publications at the time of promotion is 20 to 40 peer reviewed manuscripts reporting original work since the beginning of the faculty appointment as an assistant professor in the Department of Internal Medicine. In general, a target of 20-25 papers since time of appointment to the Department of Internal Medicine is recommended. However, these ranges suggest a scope of achievement and not an inflexible requirement for promotion. Specific metrics in support of excellence in scholarship may be discipline-specific. However, this should not diminish the expectation for a significant contribution to the faculty member's literature in their field. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, corresponding or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.

Candidates without significant clinical responsibilities. Evidence of sustained or multiple grant support is another crucial indicator of expertise in the field. Candidates for promotion to an associate professor with tenure who are without significant clinical responsibilities must have (required) obtained NIH funding (or an equivalent grant) as a principal investigator (PI) on an R01 grant or as one of several program directors or principal investigators (multiple-PD/PI) on a large NIH grant (i.e., multicenter R01 or equivalent, such as a project lead on a P01, U54), equivalent funding from the National Science Foundation (NSF) or have obtained a mid-career K award. They should have demonstrated sustainability of their research program by renewal of the NIH award and/or by garnering a second distinct NIH grant and/or another nationally competitive, peer-reviewed grant during the duration of the probationary period (required). The latter may include support from prominent national charitable foundations (e.g., American Heart Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, or the March of Dimes), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention or the Department of Defense. 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.

Candidates with significant clinical responsibilities: Candidates for promotion to associate professor with tenure who have significant clinical responsibilities are on the 11-year tenure clock. They are expected to obtain extramural NIH or comparable funding as defined in the previous paragraph as a PI, or MPI to support their research program prior to their mandatory tenure review. 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. However, serving as the site-PI for a multi-center trial would not satisfy the expectation for extramural funding on the tenure-track. Faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding.

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

Although the total body of scholarship over the course of a career is considered in promotion and tenure decisions, the highest priority is placed on scholarly achievements since becoming a faculty member at the University. It should be appreciated that evidence of scholarship below the specified range does not preclude a positive promotion decision, especially if reasonable extenuating circumstances exist. Scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or in the context of poor performance in other areas such as evidence of teaching excellence.

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

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion and tenure. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues, and national peers. The dossier must clearly document the faculty member's contribution and the impact of these efforts. Teaching awards and other honors are also highly supportive of teaching excellence. A faculty member may also demonstrate a favorable impact on teaching and training programs, including curricular innovation, new teaching modalities such as web-based design, mobile applications, virtual technology or methods of evaluating teaching, and program or course development. Development of innovative programs that have significant impact, and integrate teaching, research and patient care are valued. Development of new masters or doctorate programs are highly regarded.

Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). Teaching excellence is most commonly demonstrated through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals and similar activities. Active participation as a mentor in training grants such as NIH T32 or K-awards, F31, F32 or other mentored fellowship awards for graduate students or postdoctoral fellows is highly valued as a teaching and mentoring activity.

Mentoring is a critically important component of teaching. It is expected that those proceeding to the rank of associate professor will have begun a career of mentoring students, trainees, such as residents or fellows, doctoral or post-doctoral students or faculty at earlier career stages. Credible evidence for mentoring requires not only a list of those mentored, but their accomplishments, which reflect the effectiveness of the faculty member's mentorship.

Service: Service includes administrative service to OSU, excellent patient care, clinical program development, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service within the institution can include but is not limited to appointment or election to Departmental, College of Medicine, hospital, or University committees or working groups, or leadership of programs. Evidence of service to the faculty member's discipline or public and private entities beyond the University can include, but is not limited to

ad hoc journal reviews, editorial boards or editorships; grant reviewer for national funding agencies; elected or appointed offices held and other service to local and national professional societies; service on panels and commissions; and professional consultation to industry, government, education and non-profit organizations. Candidates can consider demonstrating impact of their work by use of social and traditional media such as X (formerly Twitter), Facebook, Instagram, Radio and Television to promote community engagement advocacy and awareness.

Similarly, innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender-based discrimination within the Department, College, University or beyond, can be considered service activities. It is expected that candidates show evidence of college values in their service activities. Professional expertise provided as a compensated consultant outside the university is insufficient to satisfy the service criterion.

The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a “check list” of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE	
TEACHING	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
A strong and consistent record of effective teaching and mentoring	<ul style="list-style-type: none"> • Positive evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers. The dossier must clearly document the faculty member’s contribution and the impact of these efforts. • Evaluations and peer feedback based on presentations at local conferences, other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, etc.
	<ul style="list-style-type: none"> • Teaching awards and other honors • Documented impact on teaching and training programs, including curricular innovation, new teaching modalities such as web-based design, mobile application, virtual teaching, methods of evaluating teaching, program or course development, publications on teaching, and societal leadership in education. • Development of innovative programs that integrate teaching, research and patient care is valued. • 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 is highly valued.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Discovery and dissemination of new knowledge	<ul style="list-style-type: none"> • Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. • Substantial body of original knowledge that is published in high-quality, peer-reviewed journals or proceedings.
A sustained record of scholarly productivity, reflected in both quantity and quality of publications	<ul style="list-style-type: none"> • 20-25 peer-reviewed publications since appointment as an assistant professor. However, specific metrics in support of excellence may be adjusted within the range of 15-25 peer-reviewed manuscripts based on the overall pattern of the faculty member's responsibilities. The range of publications may be adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical/administrative service and or the norms for rates of publication within their field of research. Overall impact of scholarship is of primary importance. • In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. • In instances where a faculty member was an Assistant Professor at another institution, the total volume of scholarly work since being appointed as Assistant Professor at that institution will be considered. • High impact and positive trajectory of scholarship, including work showing national impact in the College and University. • 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.
	<ul style="list-style-type: none"> • 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 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	<ul style="list-style-type: none"> • Invitations to serve as ad hoc journal reviewer • 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 • Achieve national recognition for the impact of a program of scholarship through activities such as invention disclosures, copyrights, patents (equivalent to peer-reviewed manuscripts), revenue-generating licensing agreements (comparable to extramural grants), and materials transfer activities that demonstrate widespread influence. • The above supports the demonstration of national recognition and impact but this list is not comprehensive.
Participation in collaborative, multidisciplinary research or team science	<ul style="list-style-type: none"> • 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.
Innovation and entrepreneurship	<ul style="list-style-type: none"> • Entrepreneurship with patents and licenses of invention disclosures, software development, and materials technology commercialization, formation of startup companies, and licensing and option agreements. • Designing and/or supervising the construction of creative products (e.g., new technologies, devices, software, algorithms) that 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.

	<ul style="list-style-type: none"> • Engaging in a 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	<p>WITHOUT Significant Clinical Responsibilities</p> <ul style="list-style-type: none"> • Must have obtained NIH (or comparable) funding as a principal investigator (PI) or Multiple Principal Investigator (MPI) on an R01, P01, U54, or K award or other comparable funding, including but not limited to NSF, DoD, USDA, AHRQ, DARPA, RWJF Commonwealth Fund, or Kaiser Family Foundation. • Demonstrated sustainability of their research program by renewal of the award and/or by garnering a second distinct nationally competitive, peer-reviewed grant. The latter may include support from prominent national charitable foundations (e.g., American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation, a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. • Serving as the site-principal investigator for a multi-center trial or principal investigator for a project included as part of a multi-project grant <u>does not</u> satisfy the expectation for extramural funding on the tenure track. • Creation of patents that generate licensing income or spinoff companies would meet the equivalent criteria of extramural funding. • 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.

	<p>WITH Significant Clinical Responsibilities</p> <ul style="list-style-type: none"> • Expected to obtain extramural NIH or comparable funding as defined in the previous paragraph as a PI, or MPI to support their research program prior to their mandatory tenure review . 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-principal investigator for a multi-center trial <u>does not</u> satisfy the expectation for extramural funding on the tenure track. • Creation of patents that generate licensing income or spinoff companies would meet the equivalent criteria of extramural funding. • In rare circumstances (specific technique), a faculty member's expertise may not justify principal investigator-level status. In such cases serving as a co-investigator on <u>multiple</u> grants will satisfy the requirement for extramural funding.
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SERVICE	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Administrative service to the department, COM, or University	<ul style="list-style-type: none"> • Appointment to, election to, or leadership of departmental, College of Medicine, Hospital, and/or University committees or working groups • Service on departmental or COM UME/GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care (if applicable)	<ul style="list-style-type: none"> • Clinical program development or enhancement • Innovative programs that advance the mission of the University or Hospital, such as the creation and sustenance of a program to deliver healthcare to the community • Design and implementation of a novel program to improve health equity.
Professional service to the faculty member's discipline	<ul style="list-style-type: none"> • 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 discipline-specific clinical care, education, and/or research and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Surgery and The Ohio State University.

	<ul style="list-style-type: none"> • Service on panels and commissions, and professional consultation to industry, government, education, and nonprofit 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 utilizing social and traditional media (such as X, Facebook, Instagram, and Threads).
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2. Promotion to 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 11-year probationary periods. The Department may propose a faculty member for promotion to associate professor in advance of tenure when the faculty member has attained a level of achievement that demonstrates that they are making significant progress towards tenure but have not yet satisfied all the expectations for its award. Specifically, the candidate should demonstrate evidence of emerging national recognition.

In addition, the tenure-track members of the IM APT Committee or the Department Chair may determine that a faculty member's accomplishments do not merit tenure and may recommend promotion in advance of tenure even if a faculty member has requested promotion with tenure. Promotion in advance of tenure may only occur if a candidate is not in the final mandatory review year. If a clinician candidate is promoted in advance of tenure, the tenure review must occur within six years, and no later than the final mandatory review year, whichever comes first.

Emerging national reputation is a required for promotion to an associate professor in advance of tenure. Evidence for emerging national recognition may include, but is not limited to, invitations to serve as ad hoc journal reviewer and invited lectures outside of the university, service to national professional organizations or on grant review study sections, invitations to lecture at statewide or regional institutions or presentations at scientific meetings. National/international reputation and impact may also be demonstrated in part through non-traditional metrics (e.g. social media portfolios, Altmetrics scores).

Scholarship: Indicators consistent with promotion to associate professor in advance of tenure might include a progressive record of scholarly excellence that demonstrates substantial progress toward meeting the scholarship expectations for the award of tenure. This may be demonstrated by publications in high quality peer-reviewed journals, evidence of emerging external recognition, and progress toward an extramurally supported research program. Publications in journals of lesser impact that reflect the preliminary stages of development of a research career, or a predominance of publications in which the candidate is not first or senior author are also examples. In general, a target of 15 to 20 papers since the time of appointment to the Department is a recommended range. However, these are ranges that suggest a scope of achievement and not an inflexible requirement for promotion. As noted above, participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, corresponding **or has provided clearly evident indispensable input as a middle author.** Although the quality of scholarship is of the utmost importance, quantity is also important, and the record of accomplishment must demonstrate discovery of a substantial body of important, new knowledge. Overall impact of scholarship is more important than meeting the minimum number of recommended publications.

Criteria for a promising trajectory in extramural funding might be reflected by serving as a PI or multiple-PD/PI on a new NIH grant award (R03, R21, RO1, K awards or equivalent grants), as a co-investigator on several NIH projects, or as PI on foundation or other extramural grants. Overall impact of scholarship is more important than meeting a minimum number of publications.

It is noted that scholarship below the suggested benchmarks does not preclude promotion in advance of tenure nor does achievement beyond guidelines for promotion in advance of tenure assure promotion. See section VI.A.1 for a discussion of quality metrics for publications. As for promotion with tenure, expectations for scholarly achievement may be calibrated based on the clinical commitment of the faculty member, if applicable. However, this should not diminish the expectation for a significant contribution to the faculty member's literature in their field.

Teaching and Mentoring: Indicators of teaching consistent with promotion in advance of tenure might include a record of teaching excellence involving a single group of trainees, a clear trend of improving teaching evaluations, or divisional (as opposed to department or college-wide) teaching awards. Teaching excellence may also be demonstrated through evaluations for presentations at other academic institutions, scientific or professional societies or other hospitals. Development of new master's or doctorate programs are highly regarded. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section).

Mentoring is a critically important component of teaching. It is expected that those proceeding to the rank of associate professor in advance of tenure, the faculty candidate will have begun a career of mentorship of students, and trainees, such as residents or fellows, doctoral or post-doctoral students or faculty at earlier career stages. Credible evidence for mentoring requires not only a list of those mentored, but their accomplishments, which reflect the effectiveness of the faculty member's mentorship. Examples include the faculty member being a senior author on mentee's poster presentations, national meeting abstracts and publications, as well as serving as a mentor on trainees' K grants.

Service: Indicators of service consistent with promotion in advance of tenure might include a sufficient volume of outstanding service, such as serving as a member or chair of committees within the Department or College, serving as an ad hoc reviewer for journals, or service on the advisory board for local organizations. Demonstration of department and college values within service and leadership activities is expected [See Appendix D]. These may include evidence of inviting speakers of various backgrounds when organizing a national or international meeting and invitations to reviewers of various backgrounds when serving as an Editor and should be noted in a narrative. Similarly, innovative programs that advance the mission of the university, such as creation and maintenance of a program to deliver healthcare to the community, or design and implementation of a novel programs within the Department, College, University or beyond, can be considered service activities.

The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a "check list" of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION TO ASSOCIATE PROFESSOR IN ADVANCE OF TENURE	
TEACHING	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
A strong and consistent record of effective teaching and mentoring	<ul style="list-style-type: none"> • Positive evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers. The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Evaluations and peer feedback based on presentations at local, other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. • Teaching awards and other honors • 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.
	<ul style="list-style-type: none"> • Active participation as a mentor in training grants such as NIH T32 or K-awards is highly valued.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Discovery and dissemination of new knowledge	<ul style="list-style-type: none"> • Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. • Substantial body of original knowledge that is published in high-quality, peer-reviewed journals or proceedings

<p>Substantial progress toward the establishment of a thematic program of scholarship</p>	<ul style="list-style-type: none"> • 15-20 peer-reviewed publications since appointment as an assistant professor. The range of publications may be adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical/administrative service and or the norms for rates of publication within their field of research. Overall impact of scholarship is of primary importance. • In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship • In instances where a faculty member was as Assistant Professor at another institution, the total volume of scholarly work since being appointed as Assistant Professor at that institution will be considered in meeting the above. • High impact and positive trajectory of scholarship, including work showing national impact in the College and University. • The number of citations of the applicant's 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 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.
<p>Emerging national recognition</p>	<ul style="list-style-type: none"> • Invitations to serve as ad hoc journal reviewer • Invited platform presentations at national/international scientific sessions • Invited lectures outside of the University • Visiting Professorships at peer institutions • Invitations to serve on editorial boards, study sections, and grant review sections • Social media portfolios such as blog vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics • The above supports the demonstration of national recognition and impact but this list is not comprehensive.

Participation in collaborative, multidisciplinary research or team science	<ul style="list-style-type: none"> 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.
Innovation and entrepreneurship	<ul style="list-style-type: none"> Entrepreneurship with patents and licenses of invention disclosures, software development, and materials technology commercialization, formation of startup companies, and licensing and option agreements. Designing and/or supervising the construction of creative products (e.g., new technologies, devices, software, algorithms) that 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.
	<ul style="list-style-type: none"> Entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier.

Promising trajectory in extramural funding (required)	<ul style="list-style-type: none"> • Serving as a principal investigator on an R21, R03, K award or an equivalent grant, co-investigator status on an R01 NIH grant award. • Depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. • Serving as the site-principal investigator for a multi-center trial or principal investigator for a project included as part of a multi-project grant does not satisfy the expectation for extramural funding on the tenure track. • Creation of patents that generate licensing income or spinoff companies would meet the equivalent criteria of extramural funding.
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SERVICE	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Administrative service to the department, COM, or University	<ul style="list-style-type: none"> • Appointment to, election to, or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or COM UME/GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care (if applicable)	<ul style="list-style-type: none"> • Clinical program development or enhancement. • Innovative programs that advance the mission of the University or hospital, such as the creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program to improve health equity.
Professional service to the faculty member's discipline	<ul style="list-style-type: none"> • 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 discipline-specific clinical care, education, and/or research and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Surgery and The Ohio State University. • Service on panels and commissions, and professional consultation to industry, government, education, and nonprofit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
	<ul style="list-style-type: none"> • Candidates can consider demonstrating the impact of their work by utilizing social and traditional media (such as X, Facebook, Instagram, Threads).

3. Promotion to Professor

The Department of Internal Medicine's criteria for promotion to professor with tenure are consistent with Faculty Rule [3335-6-02](#):

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

Awarding promotion to the rank of professor with tenure must be based upon convincing, unequivocal evidence the candidate has a sustained eminence in their field with a record of achievement recognized by national leadership and/or international recognition and impact [See Defining Impact above]. The general criteria for promotion in scholarship, teaching and service require more advanced and sustained quantity, quality, and impact than that required for promotion to associate professor. Importantly, the standard for external reputation is substantially more rigorous than for promotion to associate professor with tenure. This record of excellence must be evident from activities undertaken and accomplishments achieved since being appointed or promoted to the rank of associate professor. It is expected that the faculty member will have a consistent record of high-quality publications with demonstrated impact well beyond that required for promotion to associate professor. Faculty being promoted to professor should exhibit professionalism, positive values and foster a safe and collaborative work environment.

National Leadership and/or International Recognition and Impact (required) Demonstration of sustained national leadership and/or international recognition and impact such as invitations to speak at national and international conferences and at prestigious academic institutions, service on leadership committees of national and international organizations and chairing sessions at national and international meetings are an essential requirement for promotion to professor. Clear evidence of national leadership and international reputation also include but are not limited to a leadership position in a national or international society or repetitive appointments to a national office, service as a national committee or task force chair, chair of an NIH or other federal review panel, regular membership on an NIH study section, peer recognition or awards for research, and editorships and lectures in international venues. The above serve as examples and flexibility in judgement should be exercised in recognizing the factors that determine national and international recognition.

Scholarship: A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an associate professor is required for promotion to professor. Candidates for promotion to professor should ideally have 25-35 peer-reviewed publications since their promotion to associate professor. However, this range suggests a scope of achievement and not an inflexible requirement for promotion. As noted above, participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; or the individual input of the faculty member as a middle author is uniquely contributory, indispensable and clearly evident. Candidates for promotion will be expected to have developed and maintained nationally competitive current and sustained peer reviewed extramural funding to support their research program.

Candidates without significant clinical responsibilities: Candidates for promotion will be expected to have developed and maintained nationally competitive and peer-reviewed extramural funding to support their research program, including sustained NIH funding. At a minimum, candidates must (required) be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant (e.g. but not limited to NSF, DoD, USDA, AHRQ, DARPA, RWJF, Commonwealth Fund, or Kaiser Family Foundation) with a history of at least one competitive renewal and another nationally competitive grant,

or have simultaneous funding on two NIH awards. This may include support from prominent national charitable foundations (*e.g.*, American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense, and the National Science Foundation.

In some circumstances (*e.g.* specific techniques), a 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.

Candidates with significant clinical responsibilities: Candidates for promotion to professor who have clinical responsibilities are expected to obtain extramural NIH or comparable funding as defined above as a PI or MPI to support their research program. 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. Faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding.

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.

Teaching and Mentoring: A continued strong and consistent record of effective teaching and mentoring is required for promotion. Evidence may include, but is not limited to, outstanding student, resident, fellow, local colleague, and/or national peer evaluations, course or workshop leadership and design, a training program directorship, teaching awards, and organization of national course and curricula and participation in specialty boards or Residency Review Committees of the Accreditation Council for Graduate Medical Education. Active participation as a mentor in training grants such as NIH T32 or K awards is highly valued as a teaching and mentoring activity. Programs that improve cultural understanding or access to teaching for different populations are particularly valued. Development of new master's or doctorate programs are highly regarded. Candidates with clinical duties should demonstrate consistent and effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs. Professional development in mentoring or teaching and innovating teaching or mentoring approaches are highly valued. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section).

Mentoring is a critically important component of teaching. It is required that those proceeding to the rank of professor will have a significant career of mentorship of residents, fellows, doctoral or post-doctoral students or faculty at earlier career stages. Credible evidence for mentoring requires not only a list of those mentored, but their accomplishments, which reflect the effectiveness of the faculty member's mentorship.

Service: Promotion to the rank of professor requires service to the Department of Internal Medicine, College of Medicine, and The Ohio State University, as well as to national and international professional societies. Service can include but is not limited to leadership roles on department, college, and university committees and in professional organizations and journal editorships. Evidence of the provision of professional expertise could include roles as a board examiner, service on panels and commissions, program development, and professional consultation to industry, government, and education. Similarly, innovative programs that advance the mission of department, college, and the university, such as creation and

sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program within the department, college, university or beyond, can be considered service activities. Demonstration of department and college values within service and leadership activities is expected [See Appendix D]. These may include evidence of inviting speakers of various backgrounds when organizing a national or international meeting, and invitations to reviewers of various backgrounds when serving as an editor and should be noted in a narrative.

The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a “check list” of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION TO PROFESSOR WITH TENURE	
TEACHING	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met

<p>A strong and consistent record of effective teaching and mentoring</p>	<ul style="list-style-type: none"> • Outstanding evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers. 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 or Residency Review Committees of the Accreditation Council for Graduate Medical Education. • Active participation in student or trainee teaching. • Active participation as a mentor in training grants such as NIH T32 or K- awards is highly valued but not required. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Programs that improve the cultural competence of or access to teaching for underserved populations • Professional development in the mentoring or teaching of different populations and making changes to teaching or mentoring approaches. • Mentorship of junior faculty is expected (<i>required</i>). It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc coaching. <ul style="list-style-type: none"> ○ Documented mentorship relationships with junior faculty, including mentees' achievements and testimonials about the mentorship's impact. ○ Evidence of the faculty member's influence on junior colleagues' career paths, research opportunities, and professional growth. • Candidates with clinical duties should demonstrate consistent and effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs.
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SCHOLARSHIP/CREATIVE WORKS/RESEARCH	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
<p>Discovery and dissemination of new knowledge</p>	<ul style="list-style-type: none"> • Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. • Substantial body of original knowledge that is published in high-quality, peer-reviewed journals or proceedings
<p>A sustained record or scholarly productivity, reflected in both quantity and quality of publications (<i>required</i>)</p>	<ul style="list-style-type: none"> • 25–35 peer-reviewed publications since promotion to associate professor. Specific metrics in support of excellence may be adjusted within the range of 15–25 peer-reviewed manuscripts based on the overall pattern of the faculty member's responsibilities. Overall impact of scholarship is of primary importance.

	<ul style="list-style-type: none"> • In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship.
	<ul style="list-style-type: none"> • High impact and continued trajectory in their scholarly productivity • In instances where a faculty member was an Associate Professor at another institution, the total volume of scholarly work since being appointed as Associate Professor at that institution will be considered in meeting the above. • Number of citations of their publications, the trajectory of the publication and/or citation record. • Although review articles may form a portion of the publication list (typically less than 30%) and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles. • Book chapters or reviews alone or in majority will not be sufficient for promotion. • Work showing international impact in the College and University. • 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 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)	<ul style="list-style-type: none"> • Election or appointment to a leadership position in a national or international society • 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. • 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)

Participation in collaborative, multidisciplinary research or team science (<i>required</i>)	<ul style="list-style-type: none"> 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 <u>multiple</u> externally-funded grants in which the contribution of the faculty member is clearly evident. (<i>required</i>)
Innovation and entrepreneurship	<ul style="list-style-type: none"> Entrepreneurship with patents and licenses of invention disclosures, software development, and materials technology commercialization, formation of startup companies, and licensing and option agreements. 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 (<i>required</i>)	<p>WITHOUT Significant Clinical Responsibilities</p> <ul style="list-style-type: none"> Must have obtained NIH (or comparable) funding as a principal investigator or multiple principal investigator (MPI) on at least one R01, P01, U54, or K award or other comparable funding, including but not limited to the National Science Foundation, the Substance Abuse, and Mental Health Services Administration, 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. (<i>required</i>).
	<ul style="list-style-type: none"> • Must have a history of at least one competitive renewal and another nationally competitive grant or have simultaneous funding on two NIH R01 level awards. This may include support from prominent national charitable foundations (e.g., American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation, a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. • Serving as the site-principal investigator for a multi-center trial or principal investigator for a project included as part of a multi-project grant does not satisfy the expectation for extramural funding on the tenure track. • In some circumstances (e.g. specific techniques), a 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 spinoff companies would meet the equivalent criteria of extramural funding. <p>WITH Significant Clinical Responsibilities</p> <ul style="list-style-type: none"> • Must obtain extramural NIH or comparable funding as defined above as a PI or MPI to support their research program. Depending on the extent of clinical responsibilities <u>sustained</u> funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable . • Must have demonstrated sustainability of their research program by garnering another distinct nationally competitive, peer-reviewed grant. This may include but not limited to the National Science Foundation, the Substance Abuse and Mental Health Services Administration, 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 (<i>required</i>).

	<ul style="list-style-type: none"> • Serving as the site-principal investigator for a multi-center trial or principal investigator for a project included as part of a multi-project grant <u>does not</u> satisfy the expectation for extramural funding on the tenure track. • Creation of patents that generate licensing income or spinoff companies would meet the equivalent criteria of extramural funding.
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SERVICE	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Administrative service to the department, COM, or University	<ul style="list-style-type: none"> • Appointment to, election to, or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or COM UME/GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care (if applicable)	<ul style="list-style-type: none"> • 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 equity.
Professional service to the faculty member's discipline	<ul style="list-style-type: none"> • 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 discipline-specific clinical care, education, and/or research and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Surgery and The Ohio State University. • Service on panels and commissions, and professional consultation to industry, government, education, and nonprofit 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 utilizing social and traditional media (such as X, Facebook, Instagram, and Threads).

4. Promotion of Clinical Faculty

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

The scholarship of those in the clinical faculty is no less important than those of the tenure track faculty. Clinical faculty members have a greater responsibility for clinical care in addition to excellence in teaching and scholarship, that may be broader in scope than among faculty in the tenure-track. Clinical

faculty members are not eligible for tenure. The criteria in the categories of teaching and service are, for the most part, similar to those for the tenure-track for each faculty rank. The domains of scholarship are widely varied for clinical faculty in the Department of Internal Medicine and accordingly the Department is committed to maintaining a broad and flexible view of meritorious scholarship.

Clinical faculty members may continue their service to the Department, College, and the University without ever seeking promotion to the next higher faculty rank, simply through repeated reappointment at the same level. However, the goals and objectives of the Department, College, and University are best served when all faculty members, in all appointment types, 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 those in the clinical excellence pathway, promotion to the rank of associate clinical professor must be based upon convincing evidence that the candidate has developed a national level of impact and recognition since being appointed to the rank of an assistant clinical professor.

4a. Promotion to Clinical Associate Professor, Clinician Educator Pathway

Promotion to the rank of associate clinical professor on the clinician educator pathway should be based upon convincing evidence that the candidate has developed a national level of impact and recognition as an educator since being appointed to the rank of an assistant professor. 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 continuing medical education programs.

National level of impact and recognition (required)

Clinician educators may also demonstrate national impact through invitations to serve as faculty on national continuing medical education programs or societal leadership in education or other national activities.

Teaching and Mentoring: A strong and consistent record of effective teaching and mentoring is required for promotion. Effectiveness may be measured by various metrics including but not limited to curriculum/web-based design and implementation, innovative teaching practices, modules, incorporating social and digital media-based education, and publications.

Consistently positive teaching evaluations by students, trainees, and peers are required.

Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). Effectiveness may also be reflected by teaching awards or other honors. In all cases, evidence of improved educational processes or outcomes (i.e., impact) is required. Development of new master's or doctorate programs are highly regarded. Professional development in the mentoring or teaching and making changes to teaching or mentoring approaches are highly valued.

Development of innovative programs that have significant impact and that integrate teaching, research and patient care are particularly valued.

Mentoring is a critically important component of teaching. Those proceeding to the rank of associate clinical professor will have a significant career of mentorship of students, and trainees, such as residents or fellows, doctoral or post-doctoral students or faculty at earlier career stages. Credible

evidence for mentoring requires not only a list of those mentored, but their accomplishments, which reflect the effectiveness of the faculty member's mentorship.

Service. Service is broadly defined to include administrative service to the University, College or Department and may include: exemplary patient care; program development relating to clinical administration and leadership; professional service to the faculty member's discipline; the provision of professional expertise to public and private entities beyond the University. Professional service could include, but is not limited to: peer reviews of manuscripts and grant applications; service on editorial boards; service to the community as pertains to the candidate's specialty; engagement with community partners to provide equitable access to healthcare; development of innovative programs, such as those leveraging healthcare informatics; development of programs that advance the mission of the university including creation and maintenance of programs to deliver healthcare to the community; or design and implementation of novel programs within the Department, college, University or beyond; leadership positions in professional societies. Candidates can consider demonstrating impact of their work by using social and traditional media such as X, Facebook, Instagram, Radio and Television to promote community engagement advocacy and awareness.

Scholarship: The candidate should demonstrate contributions to scholarship as reflected by authorship of peer-reviewed journal publications. Faculty in this pathway may focus on the pedagogy of education and publish in this domain. Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula, and methods of evaluation. Alternatively, other faculty members in the clinician educator pathway may publish works based on their areas of clinical expertise which form the basis for their teaching of colleagues and peers. These may include, but are not limited to review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. Some faculty members may combine these two areas of career emphasis. For both types of faculty careers, development of web-based or video-teaching modules and other digital media are considered to be published works. In the current era of team 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.

A range of 10-15 scholarly written or digital publications of this type since appointment to an assistant clinical professor is suggested as a scope of work consistent with promotion to an associate clinical professor. However, this range does not represent an inflexible requirement for promotion. For those previously appointed to the faculty at other institutions, consideration should be given to the publication record at that institution. The guiding principle for promotion DOIM promotion is that there is clear evidence that the trajectory of publications is sustained or increased.

In addition to measuring the impact of scholarship via traditional metrics, social media portfolios, such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics, faculty should consider incorporating the use of Altmetrics to assess the impact of the candidate's work using traditional and social media platforms [see Defining Impact above]. However, these non-traditional metrics do not in and of themselves demonstrate the impact of research.

Grant funding is not required for promotion but is not discouraged. The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific

prescription for those reports. It is not to be used as a “check list” of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION ASSOCIATE PROFESSOR, CLINICIAN EDUCATOR	
TEACHING	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Longitudinal record of teaching and mentoring excellence	<ul style="list-style-type: none"> • Positive evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers. The dossier must clearly document the faculty member’s contribution and the impact of these efforts. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Teaching and/or mentoring awards and other honors.
	<ul style="list-style-type: none"> • 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	<p>The following are desirable but not required:</p> <ul style="list-style-type: none"> • 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 a variety of populations. • Changes to teaching or mentoring approaches that improve teaching/mentoring outcomes.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Contribute to scholarship, academics, and research in their area of expertise (<i>required</i>)	<ul style="list-style-type: none"> • Authorship of 10–15 peer-reviewed journal publications. A portion of this may be other scholarly works including those that have undergone rigorous review . Examples of such works include published review articles, invited commentaries, published guidelines, book chapters, web-based or video teaching modules, peer-reviewed or collaborative curricula with a national reach, and other forms of digital media. However, this range does not represent an inflexible requirement for promotion. • In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. • Publications may focus on pedagogic theory, innovative teaching techniques, development of web-based or video-teaching modules, and podcasts. 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. • There should exist a trajectory of increasing scholarly activity and outcomes over time.

SERVICE	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Administrative service to the department, COM, or University	<ul style="list-style-type: none"> • Appointment to, election to, or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups. • Service on departmental or COM UME/GME committees
	<ul style="list-style-type: none"> • Participation on the Institutional Review Board or Intramural Research Review Committee.
Excellent patient care	<ul style="list-style-type: none"> • Clinical program development or enhancement. • Innovative programs that advance the mission of the University or hospital, such as the creation and sustenance of a program to deliver healthcare to the community.

National Leadership and /or Recognition	<ul style="list-style-type: none"> • Leadership of or election to a national committee or organization. • 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 national professional societies, service as an advocate for discipline-specific clinical care, education, and/or research and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Surgery and The Ohio State University. • Service on panels and commissions, and professional consultation to industry, government, education, and nonprofit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
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4b. Promotion to Clinical Professor, Clinician Educator Pathway

Promotion to the rank of clinical professor on the clinician educator pathway must be based upon convincing evidence that the candidate has developed a national level of leadership or international recognition as an educator since being appointed to the rank of associate clinical professor. Evidence of recognition 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.

National level of leadership or international recognition (required)

National or international levels of leadership can include, but are not restricted to, service on or chairing committees of national or international organizations, serving as an officer in such organizations such as the president, vice president or the equivalent or leadership of national or international scientific trials. National and international recognition may consist of invitations to speak at national and international meetings or distinguished national and international academic institutions, leadership roles in the planning and operation of national and international meetings including chairing meeting sessions and providing plenary lectures. Editorial service for leading journals in the faculty member's field provides further evidence of national and international impact. Evidence for national or international impact may be provided by the comments in letters of external review solicited in the promotion process. The preceding are examples and are not exhaustive. In general, national and international recognition are demonstrated by evidence that the faculty member is a national or international leader in their field and is widely known as an expert who leads and continues to drive the advancement of their academic field on a national or global scale.

Teaching and Mentoring: A distinctive record of sustained teaching and mentoring excellence is required for promotion. Candidates must demonstrate the impact of their teaching and mentoring (required). Excellence is demonstrated by sustained positive evaluations by students, residents, fellows, local colleagues and national peers. Multiple teaching awards and other honors are indicative of this level of teaching excellence but are not required. Candidates must demonstrate favorable impact on teaching and training programs, such as curriculum/web-based innovation, new teaching modalities or methods of evaluating teaching, and/or program or course development. Other examples

include the development of multiple innovative programs that have a positive impact on integrating teaching, research and patient care or incorporating social and digital media-based education. Development of new master's or doctorate programs are highly regarded. Professional development in the mentoring or teaching and making changes to teaching or mentoring approaches are also highly valued.

Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). Teaching excellence may also be demonstrated through committee appointments in National education committees, such as the Accreditation Council for Graduate Medical Education, National Medical Association, American Association of Higher Education, Association of American Colleges and Universities or Association of American Medical Colleges, and specialty boards or professional societies at the national level. National Medical Association, American Association of Higher Education, Association of American Colleges and Universities or Association of American Medical Colleges, including specialty boards or professional societies at the national level.

Mentoring is a critically important component of teaching. It is required that those proceeding to the rank of clinical professor will have a significant career of mentorship of students, trainees, such as residents or fellows, doctoral or post-doctoral students. Credible evidence for mentoring requires not only a list of those mentored, but their accomplishments, which reflect the effectiveness of the faculty member's mentorship. Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor. Candidates should demonstrate evidence of mentoring or other career development activities for other faculty members.

Service: Service is broadly defined to include administrative service to the University, College or Department and may include: exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to College, Medical Center, and/or University committees and mentoring activities. Evidence of professional service to the faculty member's discipline should include journal editorships, offices held, and other service to national professional societies. In addition, invitations to serve as external evaluators for promotion candidates from peer institutions reflect a national reputation. Candidates can consider demonstrating national and/or international impact of their work by utilization of social and traditional media such as, but not limited to, X (formerly Twitter), Facebook, Instagram, Radio, and Television to promote community engagement advocacy and awareness.

Scholarship: The candidate must demonstrate contributions to scholarship, a majority of which should be peer-reviewed journal publications and must demonstrate the impact of their scholarship. Faculty on the clinician educator pathway may focus on the pedagogy of education and publish in this domain. Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula, and methods of evaluation.

Alternatively, other faculty members in the clinician educator pathway may publish works based on their areas of clinical expertise which form the basis for their teaching of colleagues and peers. These may include, but are not limited to, review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. 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. A range of 15-

20 scholarly written or digital peer-reviewed publications of this type since appointment or promotion to associate clinical professor is suggested as a scope of work consistent with promotion to professor. However, this range does not represent an inflexible requirement for promotion.

In addition to measuring impact of scholarship via traditional metrics, the Department will consider including social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics and consider incorporating the use of Altmetrics to assess the impact of the candidate's work 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.

Grant funding is not required for promotion but is not discouraged.

The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a "check list" of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITEREA FOR PROMOTION TO PROFESSOR, CLINICIAN EDUCATOR	
TEACHING	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Distinctive record of superlative teaching and mentoring excellence	<ul style="list-style-type: none"> • Positive evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers. The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Multiple teaching and/or mentoring awards and other honors • Committee appointments in national education committees such as the Accreditation Council for Graduate Medical Education, National Medical Association, American Association of Higher Education, Association of American Colleges and Universities, or Association of American Medical Colleges, including specialty boards or professional societies at a national level. • Mentorship of junior faculty is expected. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc coaching. <ul style="list-style-type: none"> ○ Documented mentorship relationships with junior faculty, including mentees' achievements and testimonials about the mentorship's impact. ○ Evidence of the faculty member's influence on junior colleagues' career paths, research opportunities, and professional growth.

Favorable impact on teaching and training programs	<p>The following are desirable but not required:</p> <ul style="list-style-type: none"> • 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 • Changes to teaching or mentoring approaches to that improve teaching/mentoring outcomes.
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SCHOLARSHIP/CREATIVE WORKS/RESEARCH	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Contribute to scholarship, academics, and research in their area of expertise	<ul style="list-style-type: none"> • Authorship of 15–20 peer-reviewed journal publications. A portion of this may be other scholarly works, including those that have undergone rigorous review. Examples of such works include published review articles, invited commentaries, guidelines, book chapters, web-based or video teaching modules, peer-reviewed or collaborative curricula with a national reach, and other forms of digital media. However, this range does not represent an inflexible requirement for promotion. • In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship.
	<ul style="list-style-type: none"> • Publications may focus on pedagogic theory, innovative teaching techniques, 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, 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. • Acquisition of grant funding is highly valued by not required. • There should exist a trajectory of increasing scholarly activity and outcomes over time.

National leadership or international recognition/influence in their field	<ul style="list-style-type: none"> 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.
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SERVICE	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Administrative service to the department, COM, or University	<ul style="list-style-type: none"> Leadership of departmental, COM, hospital or University committees, working groups, divisions, or centers. Service on departmental or COM UME/GME committees Participation on the Institutional Review Board or Intramural Research Review Committee.
Excellent patient care	<ul style="list-style-type: none"> Clinical program development or enhancement. Innovative programs that advance the mission of the University or hospital, such as the creation and sustenance of a program to deliver healthcare to the community. Design and implementation of a novel program to improve health equity.
Professional service to the field of Surgery	<ul style="list-style-type: none"> Leadership of or election to a national committee or organization. Provision of professional expertise to public and private entities beyond the University. Performing journal reviews. Serving on editorial boards or editorships.
	<ul style="list-style-type: none"> 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 discipline-specific clinical care, education, and/or research and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Surgery and The Ohio State University. Service on panels and commissions, and professional consultation to industry, government, education, and nonprofit organizations. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

4c. Promotion to Associate Clinical Professor, Clinician Scholar Pathway

Promotion to the rank of associate clinical professor on the clinician scholar pathway is based on convincing evidence that the candidate has developed a national level of impact and recognition as a clinician scientist since being appointed to the rank of assistant clinical 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.

National level of impact and recognition (required)

National level of impact and recognition may be demonstrated by service on or chairing committees of national organizations, serving as an officer in such organizations such as the president, vice president or the equivalent. National recognition may consist of invitations to speak at national meetings or distinguished national academic institutions, leadership roles in the planning and operation of national meetings including chairing meeting sessions and providing plenary lectures at such meetings. Editorial service for leading journals in the faculty member's field provides further evidence of national impact. Evidence for national impact may be provided by the comments in letters of external review solicited in the promotion process. The preceding are examples and are exhaustive. In general, national recognition is demonstrated by evidence that the faculty member is a national leader in their field and is widely known as an expert who leads and continues to drive the advancement of their academic field on a national scale.

Teaching and Mentoring: A strong and consistent record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues, and national peers. Teaching awards and other honors are also supportive of teaching excellence. Teaching excellence may be demonstrated through evaluations and peer feedback based on presentations at other academic institutions, bedside teaching evaluations, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals. Teaching awards and other honors are also supportive of a strong teaching record but are not required.

Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section).

Mentoring is a critically important component of teaching. It is expected that those proceeding to the rank of associate professor will have a significant career of mentorship of students, trainees such as residents or fellows, doctoral or post-doctoral students or faculty at earlier career stages. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity. Credible evidence for mentoring requires not only a list of those mentored, but their accomplishments, which reflect the effectiveness of the faculty member's mentorship.

Scholarship: Demonstration of impact and a national reputation for scholarship is a prerequisite for promotion to associate clinical professor. The candidate must demonstrate scholarship typically reflected by primary, senior or corresponding authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational, clinical, or health services research projects, or in clinical trials as PI or Co-I. Participation in collaborative, multidisciplinary research and team science is valued. 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 of national recognition of the faculty member's unique expertise (e.g., invitation to serve on study sections, invitation to speak at national meetings), and demonstration of the faculty member's essential contribution to the work. In general, a range of 20-25 peer reviewed publications since appointment to an assistant clinical professor is expected. 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 dossier will require the demonstration of impact, not just the potential for impact. In addition to measuring the impact of scholarship via traditional metrics, the Department will consider 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 [see Defining Impact above]. However, these non-traditional metrics do not in and of themselves demonstrate the impact of research.

Faculty on this pathway should have acquired some degree of internal or external funding as PI or Co-I in support of their program of scholarship. Funding could include internal grants or contracts from foundation, industry, industry sponsored investigator initiated clinical trials, or government agencies as appropriate in their field. Alternatively, entrepreneurship and inventorship are also evidence of scholarly activity.

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

Professional service could include, but is not limited to: peer reviews of manuscripts and grant applications; service on editorial boards; development of innovative programs that advance the mission of the university, such as creation and maintenance of a program to deliver healthcare to the community; design and implementation of a novel program that involves collaborative scholarly efforts.

The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a “check list” of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION ASSOCIATE PROFESSOR, CLINICIAN SCHOLAR	
TEACHING	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Longitudinal record of teaching and mentoring excellence	<ul style="list-style-type: none"> • Positive evaluations by learners including students, residents, fellows, postdoctoral trainees, local colleagues, or national peers. 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 • Potential venues for teaching excellence range from traditional lecture formats to bedside instruction to digital materials, including social and digital media-based education. • Mentorship of junior faculty is expected. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc coaching. <ul style="list-style-type: none"> ○ Documented mentorship relationships with junior faculty, including mentees' achievements and testimonials about the mentorship's impact. ○ Evidence of the faculty member's influence on junior colleagues' career paths, research opportunities, and professional growth. • Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is not required, but highly valued.
Favorable impact on teaching and training programs	<ul style="list-style-type: none"> • 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 • Changes to teaching or mentoring approaches that improve teaching/mentoring outcomes.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Contribute to scholarship, academics, and research in their area of expertise	<ul style="list-style-type: none"> • 20-25 peer-reviewed publications since appointment as an assistant professor. The range of publications may be adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical/administrative service and or the norms for rates of publication within their field of research. Overall impact of scholarship is important. • In instances where a faculty member was an Assistant Professor at another institution, the total volume of scholarly work since being appointed as Assistant Professor at that institution will be considered in meeting the requirement above. • High impact and positive trajectory of scholarship, including work showing national impact in the College and University. <ul style="list-style-type: none"> • In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. The pattern of scholarship may include an increasing proportion of publications as first, senior, or corresponding author, but the 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 the 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 the majority will not be sufficient for promotion.
	<ul style="list-style-type: none"> • 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 very high impact factors reflects broader interest but does not in and of itself demonstrate the impact of research. • 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 will be considered. However, these non-traditional metrics do not in and of themselves demonstrate the impact of research. • There should exist a trajectory of increasing scholarly activity and outcomes over time.

Acquired competitive external funding in support of their research program (<i>required</i>)	<ul style="list-style-type: none"> • A track record of funding a Principal Investigator, or Coinvestigator is <i>required</i>. 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.
Obtaining a national recognition and impact for a program of scholarship (<i>required</i>)	<ul style="list-style-type: none"> • Invitations to serve as ad hoc journal reviewer. • Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections. • Social media portfolios such as blog vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics. • The above support the demonstration of national recognition and impact but this list is not comprehensive.

SERVICE	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Administrative service to the department, COM, or University	<ul style="list-style-type: none"> • Leadership of departmental, COM, hospital or University committees, working groups, divisions, or centers. • Service on departmental or COM UME/GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee.
Exemplary patient care	<ul style="list-style-type: none"> • Clinical program development or enhancement. • Innovative programs that advance the mission of the University or hospital, such as the creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program to improve health equity.

Professional service to the faculty member's discipline	<ul style="list-style-type: none"> • Leadership of or election to a national committee or organization. • 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 discipline-specific clinical care, education, and/or research and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Surgery and The Ohio State University. • Service on panels and commissions, and professional consultation to industry, government, education, and nonprofit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
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4d. Promotion to Clinical Professor, Clinician Scholar Pathway

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 scientist 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.

National leadership or international recognition(required)

National and international levels of impact and recognition are demonstrated by service on or chairing committees of national or international organizations, serving as an officer in such organizations such as the president, vice president or the equivalent. National or international recognition may consist of invitations to speak at national meetings or distinguished national and international academic institutions, leadership roles in the planning and operation of national or international meetings including chairing meeting sessions and providing plenary lectures. Editorial service for leading journals in the faculty member's field provides further evidence of national or international impact. Evidence for national or international impact may be provided by the comments in letters of external review solicited in the promotion process. The preceding are examples and are exhaustive. In general, national or international recognition is demonstrated by evidence that the faculty member is widely known as an expert who leads and continues to drive the advancement of their academic field on a national or global scale.

Teaching and Mentoring

A record of teaching excellence as an associate professor must continue to justify promotion to the rank of professor. The faculty member should have made unique contributions of significant impact to the teaching mission as an associate clinical professor. Programs that improve the cultural understanding or access to teaching for different populations are particularly valued. Teaching evaluations may be based on presentations internally or at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, etc. Teaching awards and

other honors are also supportive of a strong teaching record but are not required. Candidates should demonstrate consistent effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs.

Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section).

Mentoring is a critically important component of teaching. It is required that those proceeding to the rank of professor will have a significant career of mentorship of students, and trainees, such as residents or fellows, doctoral or post-doctoral students or faculty at earlier career stages. Credible evidence for mentoring requires not only a list of those mentored, but their accomplishments, which reflect the effectiveness of the faculty member's mentorship. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity. Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor. It is presumed this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates must demonstrate evidence of mentoring or other career development activities for other faculty members.

Scholarship: Demonstration of a sustained and expanded impact and national reputation for scholarship is a prerequisite for promotion to clinical professor. The candidate must demonstrate scholarship typically as reflected by primary, senior or corresponding author of peer-reviewed journal publications, scholarly review articles and case reports. Participation in basic, translational and/or clinical trials or health services research projects as PI or Co-I is expected. Participation in collaborative, multidisciplinary research and team science is highly valued. 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.). Works in which the faculty member's individual expertise was essential to study design, study implementation, data acquisition, data interpretation and manuscript preparation are regarded as having merit equivalent to those that are first or senior author. A range of 20-25 scholarly publications since time of promotion or appointment as an associate clinical professor is suggested as a scope of work consistent with promotion to clinical professor. However, this range does not represent an inflexible requirement for promotion. The dossier will require the demonstration of impact, not just the potential for impact. In addition to measuring impact of scholarship via traditional metrics, the Department will consider including social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics and consider incorporating the use of Altmetrics to assess the impact of the candidate's work 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. Although review articles may form a portion of the publication list and may be used to indicate that a faculty member is an expert in the field, a successful dossier will also contain peer-reviewed research articles, books, and book chapters or reviews.

Faculty on this pathway should have acquired internal or external funding (as PI or Co-I) in support of their program of scholarship. Funding could include internal grants or contracts from industry, foundation, industry sponsored investigator initiated clinical trials, or government agencies as appropriate in their field. Alternatively, entrepreneurship and inventorship are also evidence of scholarly activity.

Service: Promotion to the rank of professor requires service to the University, and in a national context. The faculty member should have increased levels of responsibility and leadership (e.g. committee chair or elected office in national or international organizations) since appointment or promotion to associate professor. Candidates may have led the development of new and innovative clinical or clinical research programs which received national recognition. Professional service could include, but is not limited to,

peer reviews of manuscripts and grant applications, service on editorial boards, leadership positions in professional societies.

The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a “check list” of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION PROFESSOR, CLINICIAN SCHOLAR	
TEACHING	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Distinctive record of superlative teaching and mentoring excellence	<ul style="list-style-type: none"> • Positive evaluations by learners including students, residents, fellows, postdoctoral trainees, local colleagues, or national peers (<i>required</i>). 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 • Achievement by direct mentees, including publications, external funding, and invited presentations. • Teaching and/or mentoring awards and other honors • Potential venues for teaching excellence range from traditional lecture formats to bedside instruction to digital materials, including social and digital media-based education. • Mentorship of junior faculty is expected. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc coaching. <ul style="list-style-type: none"> ○ Documented mentorship relationships with junior faculty, including mentees' achievements and testimonials about the mentorship's impact. ○ Evidence of the faculty member's influence on junior colleagues' career paths, research opportunities, and professional growth. • Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is not required, but highly valued.
Favorable impact on teaching and training programs	<ul style="list-style-type: none"> • 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. • Changes to teaching or mentoring approaches that improve teaching/mentoring outcomes.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Sustained and expanded impact and national/emerging international reputation for scholarship (<i>required</i>)	<ul style="list-style-type: none"> • 20-25 peer-reviewed publications since appointment as an associate professor. The range of publications may be adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical/administrative service and or the norms for rates of publication within their field of research. Overall impact of scholarship is important. • In instances where a faculty member was an Associate Professor at another institution, the total volume of scholarly work since being appointed as an Associate Professor at that institution will be considered in meeting the requirement above.
	<ul style="list-style-type: none"> • 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.). • High impact and positive trajectory of scholarship, including work showing national impact in the College and University. • In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. The pattern of scholarship may include an increasing proportion of publications as first, senior, or corresponding author, but the 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 the 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 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.

Acquired and sustained competitive external funding in support of their research program (<i>required</i>)	<ul style="list-style-type: none"> • A sustained track record of funding as Principal Investigator or Co-investigator. Candidates should have a track record of funding by foundation, industry, NIH or comparable agencies (e.g. but not limited to NSF, DoD, USDA, AHRQ, DARPA, RWJF, Commonwealth Fund, or Kaiser Family Foundation). Major activity in industry-supported research is acceptable. • Creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding.
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SERVICE	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Administrative service to the department, COM, or University	<ul style="list-style-type: none"> • Leadership of departmental, COM, hospital or University committees, working groups, divisions, or centers. • Service on departmental or COM UME/GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee.
Exemplary patient care	<ul style="list-style-type: none"> • 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 equity.
Professional service to the faculty member's discipline	<ul style="list-style-type: none"> • Leadership of or election to a national committee or organization. • 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 discipline-specific clinical care, education, and/or research and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Surgery and The Ohio State University. • Service on panels and commissions, and professional consultation to industry, government, education, and nonprofit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

4e. Criteria for Promotion on the Clinical Excellence Pathway (AKA Scholarship of Practice)

Faculty with assigned major responsibilities for clinical care and clinical administrative activities may seek promotion in the clinical excellence pathway which recognizes excellence in activities categorized as “scholarship of practice” (or “scholarship of application”). Ordinarily these faculty have 80% or greater clinical and/or clinical administrative responsibilities. However, flexibility in this percentage time should

be exercised taking into consideration of significant teaching responsibilities or other academic activities that serve the clinical care mission. However, less than 70% total clinical effort will not be considered appropriate for the clinical excellence pathway. Total clinical effort should reflect the additional time necessary for patient management that commonly goes beyond time spent in billable inpatient and outpatient service hours. The clinical time commitment of these individuals may not allow the achievement of personal national recognition for their accomplishments until later in their careers. However, their unique contributions serve to enhance the national recognition of the Department, College, Medical Center or University. Their contribution to the regional and national recognition of the Medical Center may serve as a proxy for individual national recognition.

i. Promotion to Associate Clinical Professor, Clinical Excellence Pathway

Promotion to the rank of associate clinical professor on the clinical excellence pathway must be based upon convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual physician's scope or sphere of influence. One of the most important measures of excellence in the scholarship of practice is evidence that activities or innovations of an individual faculty member have contributed to a change in the scope and the nature of the individual practice or discipline. Additional evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems.

Faculty on this pathway 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. While excellence in patient care is expected of all clinicians, scholarship of practice denotes new contributions to patient management, approaching new patient populations, quality initiatives, and other innovations that advance the field of practice. Excellent citizenship and service are required to fulfill the basic criteria before these special attributes can be considered for promotion. The Department, in accordance with the College guidelines for creation of a clinical excellence pathway, has defined metrics for promotion based on criteria relevant to Internal Medicine. This pathway is not to be mistaken for an easier route to promotion, but provides an alternate based on rigorous criteria for those whose primary activity and interest is in clinical practice. Promotion will require presentation of tangible and credible evidence by the clinical faculty of not only achievement of their goals, but also of excellence and impact in their respective clinical area. 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.

Local/Regional Recognition for outstanding clinical care is required for promotion to associate professor. National recognition is not a requirement. This may include invitations to speak at local or regional meetings or institutions, oral or poster presentations at meetings, invitations to consult regionally or locally on programs of care or evidence of referrals specifically to the faculty member of patient care or consultation. This list is not exhaustive.

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, recognition of a faculty member's clinical expertise 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 based on 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.

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

As with all applications for promotion, letters of review are required. These may be from internal reviewers who are familiar with the candidate's work, regional experts who are aware of the candidate's work and reputation, and who may have referred and comanaged patients with the candidate. Letters from outside experts are also appropriate, as they are for other clinical pathways. The nature of the reviewers may differ from the usual expert reviewers who are remote professionally and often geographically distant from the candidate. The careers of these experts will also differ from the external reviewers in other pathways in being characterized by excellence in patient care rather than a history of scholarly publications or grant funding. Local experts may include colleagues from another health center and can include non-academic institutions. Evaluation of local expert clinicians from inside the University (Ohio State University Wexner Medical Center or Nationwide Children's Hospital) is permitted but restricted to colleagues outside the candidate's division. Reviewers should be at or above the rank to which the candidate aspires.

The following are criteria for promotion to associate clinical professor in the clinical excellence pathway.

Basic requirements:

- Achievement of clinical goals for service
- Excellent citizenship that promotes the advancement of high caliber medical care through collaboration with other health care providers

Promotion criteria:

- Demonstration of excellence: Expertise in clinical field
- Demonstration of reputation: At least local or regional.
- A unit's reputation may reflect the impact of a member. Therefore, local or regional reputation may be documented by evidence that a faculty member significantly contributed to the ranking or reputation of a practice unit.
- Demonstration of dissemination of the faculty member's contributions to the advancement of practice within or outside their unit or the institution.
 - Accomplishments demonstrating clinical excellence: All promotion candidates should demonstrate significant accomplishments in at least one of the first four elements marked with an asterisk below. (See Appendix C for a more detailed description of these areas):
- Element #1: Practice Quality Improvement*
- Element #2: Practice Development and Growth*
- Element #3: Patient-related Outcomes and Improvements*
- Element #4: Leadership (Internal and External) *
- Element #5: Practice Related Awards and Recognition
- Element #6: Professional clinical Education and/or Mentoring Efforts

- Element #7: Participation in Community/Societal Outreach, Education Development and Impact
- Element #8: Research Collaboration

Examples of excellence metrics/documentation may include, but are not limited to:

- Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant clinical measures such as, but not limited to, quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, process improvements, and improvements in community health outcomes where performance measures can easily be internally and externally benchmarked for comparison. The Department recognizes website creation, social media and other digital media as a means to disseminate the faculty member's expertise and new knowledge.
- 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, X (formerly Twitter) etc.
- A record that demonstrates that a faculty member is frequently consulted by physicians from outside the OSU system for advice about patient care. This can be in the form of traditional peer-peer consultation or other means such as video or "e-consults."
- Evidence that physicians from other medical centers come to the Department or Medical Center specifically for training by the faculty member, or request proctoring at their home institution by the faculty member.
- A record that demonstrates the faculty member has been invited to lecture locally, regionally or at other hospitals, academic medical centers, or statewide professional societies.
- Clinical program development. 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.
- Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the Medical Center. For example, innovations that improve delivery of care, such as developing new techniques, implementing new technology, better patient engagement.
- Evidence that the faculty member participates as an instructor or is involved with the development of education activities at local or state levels that are in person, virtual, or web based.
- Selection for inclusion in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings (e.g. expertscales).
- Receipt of awards from local, state, national organizations for clinical excellence.
- Participation in the development of institutional or statewide practice guidelines.
- Operational improvements that make practice more efficient, effective, easier to access, or more cost effective.

Teaching and Mentorship are expectations (required) for faculty being considered to the rank of clinical associate professor. Mentoring is a critically important component of teaching and is one way in which those in the Clinical Excellence Pathway disseminate their new knowledge, understanding and insight to the public domain. It is expected that those proceeding to the rank of associate clinical professor will have a significant career of mentorship of students, and trainees, such as residents or fellows as well as peer faculty and clinicians. Credible evidence for mentoring requires not only a list of those mentored,

but their accomplishments, which reflect the effectiveness of the faculty member's mentorship. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section).

The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a "check list" of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION TO ASSOCIATE PROFESSOR, CLINICAL EXCELLENCE	
TEACHING	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Achievement of clinical goals for service	Evidence of meeting clinical service benchmarks, patient care outcomes, and quality indicators.
Excellent citizenship that promotes the advancement of high caliber medical care through collaboration with other health care providers	Documentation of interdisciplinary collaboration, peer recognition, and contributions to team-based care.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Demonstration of excellence: Expertise in clinical field	Multiple lines of evidence supporting excellence in clinical performance, including quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, process improvements, and improvements in community health outcomes.
Demonstration of reputation: At least local or regional	Preferred provider recognition, referral patterns, media presence, and consultation records.
Unit's reputation reflecting faculty impact	Evidence of significant contribution to the ranking or reputation of a practice unit.
Dissemination of contributions to practice advancement	Website creation, social media, digital media, lectures, training requests, program development, clinical innovations, education activities, inclusion in physician rankings, awards, guideline development, and operational improvements.

SERVICE	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Practice Quality Improvement	Evidence of implemented quality improvement initiatives and measurable outcomes.
Practice Development and Growth	Documentation of new program development or enhancement of existing programs.
Patient-related Outcomes and Improvements	Metrics demonstrating improved patient outcomes and satisfaction.
Leadership (Internal and External)	Roles held within the institution or professional organizations.

Practice Related Awards and Recognition	Receipt of awards from local, state, or national organizations.
Professional Clinical Education and/or Mentoring Efforts	Participation in mentoring programs and educational activities.
Participation in Community/Societal Outreach, Education Development and Impact	Engagement in outreach programs and educational initiatives.
Research Collaboration	Involvement in collaborative research projects and publications.

ii. Promotion to Clinical Professor, Clinical Excellence Pathway

Promotion to clinical professor on the clinical excellence pathway requires all of the benchmarks for an associate clinical professor with additional evidence of national impact on practice or involvement with national programs of patient care, practice innovation, and advancement of quality of care. This pathway still requires all faculty seeking promotion to the rank of clinical professor to demonstrate excellence in at least one of the first four elements listed above, and discussed in detail in Appendix C. 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 clinical professor.

National Recognition (required)

- Indicators of national recognition include, but are not restricted to, adoption of the faculty member's contribution to the advancement of practice at other institutions, active membership in national organizations, and invitations to consult or present innovations at outside institutions.
- Participation in the development of national practice guidelines.
- Continued evidence of the increasing impact at the state or national level of programs developed to identify healthcare needs of all segments of the population.
- Significant contributions to clinical care programs that have gained national recognition reflect national recognition of the faculty member.
- Evidence for national impact may be provided by letters of review solicited as part of the promotion process.
- The above is not exhaustive and in general national impact is demonstrated by the faculty member's influence on clinical practice or its leadership across the country.

Teaching and Mentorship is an expectation (required) for faculty being considered to the rank of clinical professor. Mentoring is a critically important component of teaching and is one way in which those in the Clinical Excellence Pathway disseminate their new knowledge, understanding and insight to the public domain. It is expected that those proceeding to the rank of clinical professor will have a significant career of mentorship of students and trainees, such as residents or fellows, as well as peer faculty and clinicians. Credible evidence for mentoring requires not only a list of those mentored, but their accomplishments, which reflect the effectiveness of the faculty member's mentorship. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section).

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 clinical professor. These faculty are expected to support the research and teaching mission of the Department, 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.

The following are criteria for promotion to clinical professor in the clinical excellence pathway.

Basic requirements:

- Achievement of clinical goals for service
- Excellent citizenship that promotes the advancement of high caliber medical care through collaboration with other health care providers

Promotion criteria:

- Demonstration of excellence: Expertise in clinical field
- Demonstration of national reputations (see above).
- A unit's reputation may reflect the impact of a member. Therefore, national reputation may be documented by evidence that a faculty member significantly contributed to the ranking or reputation of a practice unit.
- Demonstration of dissemination of the faculty member's contributions to the advancement of practice within or outside their unit or the institution.

Accomplishments demonstrating clinical excellence: All promotion candidates should demonstrate significant accomplishments in at least one of the first four elements marked with an asterisk below. (See Appendix C for a more detailed description of these areas.):

- Element #1: Practice Quality Improvement*
- Element #2: Practice Development and Growth*
- Element #3: Patient-related Outcomes and Improvements*
- Element #4: Leadership (Internal and External)*
- Element #5: Practice Related Awards and Recognition
- Element #6: Professional clinical Education and/or Mentoring Efforts
- Element #7: Participation in Community/Societal Outreach, Education Development and Impact
- Element #8: Research Collaboration

It is important to note that the information in Appendix C is only a summary of the guidelines for promotion and do not convey the flexibility and judgment that must be exercised in the recommendation for or against promotion. Faculty should consider the entirety of the text in this document in addition to the summary tables.

Examples of excellence may include, but are not limited to:

- Multiple lines of evidence supporting excellence in clinical performance, including discipline-relevant clinical measures such as, but not limited to quality indicators, mortality metrics, improvements in community health outcomes, complication rates, turnaround times, readmission rates, and process improvements where performance measures can easily be internally and externally benchmarked for comparison. The

Department recognizes new and emerging methods of dissemination of new knowledge including websites, social media, etc. Clinical productivity metrics (e.g. wRVU) per se, are not sufficient for supporting excellence in clinical performance.

- Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as but not limited to the number of cases referred for a second opinion, patients referred from other states or other countries. Traditional and social media can be used to exemplify the impact of the faculty member's excellence at the national/international level. He is frequently consulted by physicians from outside the OSU system for advice about patient care.
- Evidence that physicians from other medical centers outside of Ohio come to the Department or Medical Center specifically for training by the faculty member, or request proctoring at their home institution by the faculty member.
- A record that demonstrates the faculty member has been invited to lecture nationally at hospitals, academic medical centers, or national professional societies.
- Clinical program development. Evidence 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.
- Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the medical center. For example, innovations that improve delivery of care, such as developing new techniques, implementing new technology, better patient engagement.
- Evidence that a faculty member participates as an instructor or is involved with the development of education activities at the state or national level that are in person, virtual, or web based.
- Selection in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings (e.g. expertscape).
- Receipt of awards from state or national organizations for clinical excellence.
- Participation in the development of national practice guidelines.
- Operational improvements that make practice more efficient, effective, easier to access, or more cost effective.
- Evidence of faculty member's administrative leadership involves creativity, innovation, and is evaluated by outcomes. These leadership roles may include the following:
 - Health system leadership of patient care programs, operations, or health care finance.
 - Leadership at the Departmental, College, University or national level of programs that advance disease prevention, patient care or faculty and staff wellness.
 - Leadership at the Departmental, College, University or national level of programs that advance health equity, improvement of health care access or the inclusion of clinicians of a variety of backgrounds who are sensitive to the health care needs of different populations.
- The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a "check list" of

accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION TO PROFESSOR, CLINICAL EXCELLENCE	
TEACHING	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Professional clinical Education and/or Mentoring Efforts	Evidence of mentorship of students, trainees, and peer faculty; accomplishments of mentees; participation in education activities at state or national level; peer evaluations.

SCHOLARSHIP/CREATIVE WORKS/RESEARCH	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Practice Quality Improvement	Evidence of improvements in quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, and community health outcomes.
Practice Development and Growth	Development or improvement of clinical programs with measurable success or adoption by other institutions.
Patient-related Outcomes and Improvements	Demonstrated improvements in patient outcomes through innovative care delivery or technology.
Leadership (Internal and External)	Leadership roles in health system operations, disease prevention, wellness, health equity, and access improvement.
Practice Related Awards and Recognition	Awards from state or national organizations; inclusion in physician rankings such as Best Doctors, Castle-Connolly.
Research Collaboration	Participation in collaborative research efforts that advance clinical practice.

SERVICE	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Achievement of clinical goals for service	Documentation of clinical service achievements aligned with institutional goals.
Excellent citizenship	Collaboration with healthcare providers to promote high caliber medical care.
National Reputation	Evidence of national recognition through invitations to lecture, consult, or train; development of national practice guidelines; impact on unit reputation.
Dissemination of Contributions	Use of websites, social media, and other platforms to share innovations and expertise.
Community/Societal Outreach	Participation in outreach programs, education development, and impact on community health.

5. Promotion of Research Faculty

The criteria for promotion of Research Faculty focus primarily on the category of research accomplishments. 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.

5a. Promotion to Research Associate Professor

Promotion to research associate professor in the Department is awarded to those faculty members presenting compelling evidence of a career productive of high impact research. Formal didactic teaching is not a requirement although education in the form of mentorship or supervision of students at various career stages or occasional lectures in a variety of course settings is expected as a contribution to the education mission of the department.

Emerging National Recognition of their Expertise (required)

This may be demonstrated by invitations to speak at academic institutions, regional and national meetings, service on committees of national organizations, chairing sessions at national meetings, service on NIH review panels or those of other major funding organizations and service on editorial boards of journals. This list is not exhaustive.

Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, etc. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding, or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.

Research faculty are typically not expected to establish an independent program of research. Although co-investigator status on funded research programs is sufficient for promotion, the development of a competitive, innovative, and distinctive program of scholarship is evidenced by acquisition of peer-reviewed, nationally competitive extramural support as a PI or multiple-PD/PI is also valued. Similarly, status as core director in a program grant is an acceptable criterion for extramural funding.

Although funding by the NIH is highly desirable, it is not required for promotion on this track. Other nationally competitive, peer-reviewed funding in the role of co-investigator or principal investigator, including support from national charitable foundations (e.g., American Heart Association or the American Cancer Society), industry, or federal entities, such as the Centers for Disease Control and Prevention and the National Science Foundation will satisfy the criterion for nationally competitive peer-reviewed funding should evidence exist for a sustained record of funding from these types of agencies. Faculty members are encouraged to collaborate with other investigators and may therefore meet the requirement for extramural support for their research as a co-investigator on NIH awards, or other comparable roles on awards from private foundations. Funding through pharmaceutical or instrumentation companies for investigator-initiated proposals, or as local principal investigator for multi-center trials also meet the requirement of extramural funding. Similarly, faculty members who

generate support for their research programs through their contribution to the creation of patents, with associated license-derived income or spin-off companies, also meet the criteria for extramural funding. It is expected that the successful candidate will have a sustained record of 95% salary recovery from extramural sources.

Overall, the number of publications required for promotion should be sufficient to persuasively characterize the faculty members' influence in helping to discover new knowledge in their field. In general, this consists of publishing 20-25 peer-reviewed reports of original scientific findings since time of appointment to the faculty or since time of last promotion. Overall, both quality and quantity are important considerations. Publication as a co-author in the field's highest impact factor journals is an important variable in the decision to promote that converges with other factors, such as the extent of external funding, invited lectures, invited manuscripts, editorial boards, peer-review panels, and external letters of evaluation. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.

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

Research faculty being promoted to associate professor are expected to demonstrate commitment to college and university values, and should exhibit professionalism and foster a safe and collaborative work environment.

The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a "check list" of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION TO RESEARCH ASSOCIATE PROFESSOR	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Teaching Excellence	<ul style="list-style-type: none"> Not required, although participation in teaching and mentoring of trainees and early career faculty is valued and may be included.
Service Excellence	<ul style="list-style-type: none"> Not required

Documentation of a sustained and substantial record of scholarship based in area of expertise (<i>required</i>)	<ul style="list-style-type: none"> • 20-25 peer-reviewed journal publications since their appointment as a research assistant professor. 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. • There should exist a trajectory of increasing scholarly activity and outcomes over time. • Research faculty typically serve as Co-Investigators, and independent extramural funding (Principal Investigator or Multiple Principal Investigator) is not required. • Funding by the NIH, while highly desirable, is not strictly required for the promotion of 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.
Demonstrate the beginnings of a national recognition of their expertise (<i>required</i>)	<ul style="list-style-type: none"> • 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). • Materials transfer agreements (MTA's) should be considered evidence of national (or international) recognition and impact.

5b. Promotion to Research Professor

Promotion to the rank of Research Professor must be based upon convincing evidence that the candidate has attained a national leadership role or an international level of impact and recognition. Examples of such a national reputation include service on NIH or equivalent grant review panels, participation on steering, guideline or advisory committees, selection for service in a national professional society, invitations to lecture at academic institutions or professional societies, invitations to complete scholarly reviews, receipt of national scientific awards, positive external letters of evaluation, and other measures of national impact. National reputation/impact may also be

demonstrated in part through non-traditional metrics (e.g. social media portfolios, Altmetrics scores) [See Defining Impact above].

Scholarship (also see Scholarship for associate professor above): A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as a research associate professor is required for promotion to the rank of research professor. As above, essential middle author as well as first and senior authorship are valued.

Research faculty typically are not expected to establish an independent program of research. Promotion to professor requires documented evidence of a sustained and substantial record of scholarship. Candidates should have 20-30 peer reviewed journal publications since their appointment as research associate professor. Some first, senior, or corresponding authorships are expected but it is recognized that in the realm of team and translational science, those who have critical roles in scientific work may appear as a middle author in publications. The candidate should document their essential contributions 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.

Research faculty being promoted to professor are expected to demonstrate commitment to college and university values, and should exhibit positive values and foster a safe and collaborative work environment.

It is expected that the successful candidate will have a sustained record of 95% salary recovery generally derived from extramural funds. Research faculty typically serve as Co-Investigators, and independent extramural funding (Principal Investigator or Multiple Principal Investigator) is not required. However, independent funding in the role of a principal investigator is valued (see section 5a above).

The tables that follow list the criteria and types of evidence the department has identified that support promotion to associate professor with tenure. ***Please note these are not intended to be an exhaustive list of requirements but are examples for consideration for individual candidates.*** This resource is meant to promote evidence-based analysis during the evaluation of dossiers rather than require a specific prescription for those reports. It is not to be used as a “check list” of accomplishments that establish a minimum threshold of achievements that are required for promotion. It is imperative that the entire text of the discussion of expectations be reviewed rather than the table alone. ***Promotion decisions are based on the totality of the accomplishments of the candidate.***

CRITERIA FOR PROMOTION TO RESEARCH PROFESSOR	
Criteria	Types of Evidence Demonstrating Impact and Showing Criteria Have Been Met
Teaching Excellence	<ul style="list-style-type: none"> Not required, although participation in teaching and mentoring of trainees and early career faculty is valued and may be included.
Service Excellence	<ul style="list-style-type: none"> Not required

Documentation of a sustained and substantial record of scholarship based in area of expertise (<i>required</i>)	<ul style="list-style-type: none"> • 20-30 peer-reviewed journal publications since their appointment as research associate professor. 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. • There should exist a trajectory of increasing scholarly activity and outcomes over time. • Research faculty typically serve as Co-Investigators, and independent extramural funding (Principal Investigator or Multiple Principal Investigator) is not required • Funding by the NIH, while highly desirable, is not strictly required for the promotion of 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. <p>Licensing activities on patents that generate revenues should be considered equivalent to extramural grant awards</p>
Established a national level of recognition and impact beyond established for promotion to associate professor (<i>required</i>)	<ul style="list-style-type: none"> • Invitations to review manuscripts or grant applications.
	<ul style="list-style-type: none"> • Invitations to lecture at scientific societies or other universities, consultation with industry or governmental agencies. • Requests for collaboration from other universities, requests 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).

6. Promotion of Associated Faculty

Promotion of associated faculty follows the 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.

6a. Compensated Associated Faculty (i.e., Faculty of Practice)

For compensated associated faculty (paid through OSU or 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 or 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.

Promotion to Associate Professor and Professor with FTE below 50%. The relevant criteria for the promotion of associated faculty members with tenure-track titles are those for the promotion of tenure-track faculty above.

6b. Uncompensated Associated Faculty (i.e., Adjunct)

For uncompensated associated faculty, promotion should reflect contributions to the Department of Internal Medicine 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 of Internal Medicine and or college committees, contributions to medical student curriculum development or other evidence of contributions to the educational or scholarly mission of the Department of Internal Medicine 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 department chair
- f. Review and approval by College of Medicine Office of Faculty Affairs.

7. 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.

8. Promotion to Visiting Faculty

Visiting faculty members are not eligible for promotion.

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

The Department of Internal Medicine'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 faculty, and [3335-7-32](#) for research faculty, and the Office Academic Affairs procedural guidelines for promotion and tenure reviews found in Chapter 3 of the [Policies and Procedures Handbook](#). These guidelines are updated annually.

Review of applications for promotion or tenure is performed by the Department's APT Committee. The IM APT committee represents the appraisal of the faculty members, and constitutes a voice separate from the department chair, who formulates a separate decision regarding the support of a faculty member's promotion.

The IM APT process will be supervised and implemented by the Executive Vice Chair for Academic Affairs with the advice and assistance of the Associate Vice Chair for Academic Affairs and the IM APT Committee as appropriate. The duties and responsibilities of the Executive Vice Chair for Academic Affairs regarding appointments, promotion, and tenure include the following:

- a. Report to the department chair the results of all faculty appointments, promotion and tenure recommendations.
- b. 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 IM APT Committee and should also include input by the appropriate division directors and the Department Chair.
- c. Discuss faculty concerns regarding Appointment, Promotion and Tenure recommendations and aid in resolution of these concerns on behalf of the Department Chair and in accordance with Departmental, College, and Office of Academic Affairs guidelines.

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

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

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.

a. Dossier

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

It is highly recommended that faculty members consult the College's Dossier Standardization guidelines as well as the appropriate Departmental Dossier Coaches for information about how and where to enter information into the core dossier in alignment with Departmental and College of Medicine objectives. Please refer to the [APT Toolbox](#) for a wealth of information on completing a dossier.

While the APT 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.

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 less (and excluding any information that may have been considered for a previous promotion), to present. The eligible faculty may allow a candidate to include information prior to the date of last promotion 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 probationary faculty, 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 non-probationary faculty and tenured associate professors, the weight of the review is **from the date of the dossier submission for the last promotion 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 may allow a dossier appendix to augment evidence for teaching, clinical excellence, or scientific achievement if the DOIM APT Committee feels this information enhances understanding of a candidate's career achievements. This appendix, however, will not be forwarded to the Executive Vice President and Provost for final review.

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

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 outline the Departmental standards for documenting excellence in Teaching, Scholarship, and Service.

i. Teaching

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

All tenure-track and clinical faculty members in the Department must be engaged in teaching, development of the Department's and College's academic programs, and mentoring of students. Evidence of effective teaching must be demonstrated by documentation of teaching activities over a sustained period of time. The College of Medicine Education Deans, the Center for Faculty Advancement Mentoring and Engagement and the Departmental Vice Chair for Education can provide assistance with appropriate documentation and assessment tools to be used in the evaluation of teaching.

The Department has established in this APT document how evidence of a faculty member's quality and effectiveness as an educator will be documented and assessed. Yearly student evaluations, resident, and fellow evaluations (when applicable) and peer evaluations are required (see Peer Evaluation Section IX). **One peer evaluation is required per year.** Evidence for effective teaching may be collected from multiple sources, including students, trainees, peers, self-evaluations, and administrators. Student evaluations and peer evaluations, at a minimum, are required. Excellence is demonstrated by positive evaluations from students, residents, fellows, local colleagues, and national peers. The Department uses the College of Medicine's grading system as a consistent methodology and assessment tool for teacher evaluation by students in specific types of instructional settings. Importantly, administration of this assessment tool is not under the control of the faculty member being evaluated. Faculty members may supplement the required assessment tool with others if they wish. Students are provided an opportunity to assess the instructor and course using the required assessment tool in every regular classroom course. Guidelines are established for the frequency with which required assessment tools are administered in other types of instructional settings, such as outpatient clinics and inpatient services. Regardless of the instructional setting, effort has been made to obtain evaluations from the largest number of students possible. When there is a significant discrepancy between the number of students enrolled and the number providing evaluations, the evaluations cannot be assumed to represent a consensus of student opinion.

Teaching documents and activities include:

- cumulative SEI reports (Student Evaluation of Instruction computer-generated summaries prepared by the Office of the University Registrar) for every formal class, when appropriate
- medical student evaluations (e.g., VITALS evaluations)
- resident evaluations (e.g., MedHub)
- peer evaluation of teaching reports as required by the Department's peer evaluation of teaching
- teaching activities as listed in the core dossier including:
 - involvement in graduate/professional exams, theses, and dissertations, and undergraduate research
 - mentoring post-doctoral scholars and researchers
 - extension and continuing education instruction
 - involvement in curriculum development
 - awards and formal recognition of teaching
 - presentations on pedagogy and teaching at national and international conferences
 - adoption of teaching materials at other colleges or universities

- other relevant documentation of teaching as appropriate

Peer evaluation of teaching 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. See also section IX below.

Peer evaluation resources can be found [here](#).

Other documentation of teaching may include an administrator's assessment of the candidate's teaching load, contributions 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 also be documented.

Mentorship is an essential component of teaching and education in all areas of career emphasis. Faculty should list all those they have mentored at any career stage and list the mentees' accomplishments that reflect the effectiveness of the mentoring relationship.

ii. Scholarship

Scholarship is broadly defined as the discovery and dissemination of new knowledge by research, study, and learning. In the Department, a faculty member's scholarship must be demonstrated to be of high quality, significance, and impact.

The Department's APT document establishes how the evidence of a faculty member's scholarship will be documented and assessed in terms of quality and significance.

Evaluation of scholarship must be open to the ongoing evolution of new scholarly domains in the medical sciences including scholarship of community engagement.

All tenure-track faculty, clinical faculty, and research faculty (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. Scholarship is broadly defined as 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. Recognition of the scholarly work must also be external to the University, residing in the scientific communities apropos to the faculty member's field of scholarship. The nature of scholarship should be pertinent to the faculty member's track and pattern of responsibilities.

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

Evidence of scholarship can include peer-reviewed journal articles, bulletins and technical reports, original books and monographs, edited books, chapters in edited books, editor-reviewed journal articles, reviews and abstracts, papers in proceedings, unpublished scholarly presentations, externally funded research, funded training grants, other funding for academic work, prizes and awards for research or scholarly or creative work, major professional awards and commendations. Evidence of scholarship may also include invited lectures at other universities, symposia, and conferences; invention disclosures, patent

activity, entrepreneurship, technology commercialization, software development; editorship of a major collection of research work; leadership of advanced seminars and symposia under organizational sponsorship; and invitations to serve on national review bodies.

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

iii. Service

Service is broadly defined to include administrative service to the University, exemplary patient care, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. In the Department, a faculty member's service contributions must be demonstrated to be of high quality and effectiveness. All tenure-track and clinical faculty members must contribute to service as evidenced by documentation of contributions over a sustained period of time. The Department's AP&T document specifically establishes how the evidence of a faculty member's service will be documented and assessed in terms of quality and effectiveness.

High-quality patient care is an expectation of all faculty members with clinical responsibilities, and therefore, evidence of additional service is necessary for promotion. Evidence of administrative service to the University may include appointment or election to Department, College, and/or University committees, holding administrative 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 by the Department. Evidence of professional service to the faculty member's discipline can include editorships of, or service as, a reviewer for journals or other learned publications and 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 College and its mission.

b. 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 their Department's current APT document, or they may elect to be reviewed under either:

- (a) the APT document that was in effect on their start date, or
- (b) the APT document that was in effect on the date of their last promotion or, 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 department.

c. External Evaluations (see also External evaluations below)

If external evaluations are required, candidates are responsible for reviewing the list of potential external evaluators developed according to Departmental guidelines. 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.

The Department Chair with the assistance of the Executive Vice Chair and Assistant Vice Chair for Academic Affairs is responsible for the following:

- Making the final selection of external evaluators and sending electronic and/or written requests for an evaluation of the candidate's qualifications for promotion. (Also see External Evaluations below.)
- Soliciting an evaluation from the head of another TIU in which the candidate has a joint appointment.

2. Responsibilities of the Appointments, Promotion and Tenure Committee (APT)

The responsibilities of the APT Committee are as follows:

- To review the Department's APT document annually and to recommend proposed revisions to the faculty.
- To annually review the supporting documents (in general, December to January of the next calendar year) for faculty members whose names have been suggested by the division directors (at the request of the Department Chair) as those who may have achieved the benchmarks for promotion. The IM APT Committee will conduct a pre-review of the potential candidates for promotion according to procedures the Committee determines are most effective and appropriate. Only professors on the committee may consider promotion review requests to the rank of professor. A simple majority of Committee members eligible to vote on a request must vote affirmatively for the review to proceed. The determination by the IM APT Committee is final.

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

- 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. Faculty in the probationary period of a tenure track, clinical, or research appointment may be denied each year of the probationary period up to the year of the mandatory review.

- A decision by the IM APT Committee to permit a review to take place in no way commits the IM APT Committee or any other party to the review to make a positive recommendation during the review itself.
- All faculty members reviewed by the APT Committee will receive a written summary indicating the Committee's decision. For those not recommended to proceed with their promotion application, the summary will include areas that require further achievement. For those recommended to proceed with their application, the summary will include areas to further emphasize or revise in their dossier. NOTE: Addressing the areas listed in the summary does not assure that a faculty member will be recommended to proceed with promotion in the future or that a faculty member will be promoted in this or subsequent applications.
- Annually, following the pre-review process the APT Committee will provide administrative support for the promotion and tenure review process as described below.
 - Prior to the formal review for promotion: The Committee will elect from among its members two procedure oversight designees (POD) 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](#).
 - During this period the IM APT Committee will review candidates' dossiers for completeness, accuracy (including citations), and consistency with Office of Academic Affairs requirement, and will work with candidates to assure that needed revisions are made in the dossier before the formal review process begins.
 - Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on their dossier. This meeting is not an occasion to debate the candidate's record.
 - For the discussions and recommendations noted below, a quorum will consist of 50% + 1 of the members from each track of the IM APT committee, at least one of whom must be the POD relevant to the case under review. Recommendations for or against promotion require a simple majority of the quorum present for the vote. Committee members may discuss and vote on promotion or tenure applications submitted by faculty from their own Division.
 - Individual faculty members assigned by the IM APT Committee Chair as primary reviewers for a faculty promotion or tenure decision, draft an analysis of the candidate's performance in teaching, scholarship and service and summarize the committee's discussion and vote.
 - The committee chair will review and revise this draft as necessary before forwarding it to the Executive and Associate Vice Chairs for Academic Affairs, who will review this letter with the Department Chair. They will co-author a final recommendation letter regarding the promotion and/or tenure recommendation to the College of Medicine.
 - 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.
 - Provide a written response to any candidate comments that warrant response for inclusion in the dossier.

- Provide a written evaluation and recommendation to the Department Chair in the case of joint appointees from another tenure-initiating unit. The full eligible faculty does not vote on these cases since the department's recommendation must be provided to the other tenure-initiating unit substantially earlier than the committee begins meeting on this department's cases.

3. Responsibilities of the Department Chair with the Assistance of the Executive and Associate Vice Chairs for Academic Affairs:

- To determine whether a candidate is authorized to work in the United States and whether a candidate now, or in the future, will require sponsorship for an employment visa or immigration status. The department will ensure that such questions are asked of all candidates in a non-discriminatory manner. For tenure-track assistant professors, the department 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.
- To make the final selection of external evaluators and send electronic and/or written requests for an evaluation of the candidate's qualifications for promotion. (Also see External Evaluations below.)
- To review faculty with budgeted joint appointments whose primary appointment is in this department. The department chair will seek a letter of evaluation from the TIU head of the joint appointment unit. 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.
- To make each candidate's dossier available in an accessible place for review by the IM APT Committee at least two weeks before the meeting at which candidates are to be discussed and voted.
- To provide an independent written evaluation and recommendation for each candidate, following receipt of the IM APT Committee's completed evaluation and recommendation.
- To meet with the IM APT Committee to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the review process:
 - of the recommendations by the IM APT Committee and Department Chair
 - of the availability for review of the written evaluations by the IM APT Committee and Department Chair
 - 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 department chair, indicating whether the faculty expects to submit comments.

- To provide a written response to any candidate comments that warrant response for inclusion in the dossier.
- To forward the completed dossier to the College of Medicine office by the office's deadline, except in the case of associated faculty who the department chair recommends against promotion. A negative recommendation by the chair is final in such cases.
- To receive the IM APT Committee's written evaluation and recommendation of candidates who are joint appointees from other tenure-initiating units, and to forward this material, along with the department chair's independent written evaluation and recommendation to the TIU head of the other tenure-initiating unit by the date requested.

C. Promotion Review: Procedures for Associated Faculty

Adjunct faculty, clinical of practice faculty, and associated faculty with tenure-track titles for whom promotion is a possibility follow the promotion guidelines and procedures detailed in Section VI.A 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.

D. External Evaluators

External evaluations are obtained for all promotion and/or tenure reviews in which scholarship must be assessed. These include all tenure-track promotion and tenure or promotion reviews and all clinical and research faculty promotion reviews. For those faculty who are recommended to go forward for application for promotion, the division director will collaborate with the candidate and provide the department chair with names of at least ten external evaluators for each candidate in their Division. As noted above, the candidate should review the list and may suggest two of the ten evaluators (one for clinical excellence and clinician educator), but the chair is not required to use these reviewers. The faculty member may also request that up to two reviewers suggested by the division director and department chair be removed from the list. The Department Chair decides whether removal is justified.

To assure reviews from institutions with comparable academic standards, the Department will seek evaluations predominantly from institutions that it emulates or aspires to emulate in performance and reputation. Justification will be provided in each case when a suggested evaluator is from a program not included in the following list:

1. University of Michigan
2. University of Indiana
3. University of Pittsburgh
4. University of Iowa
5. University of Wisconsin
6. Penn State University: The Pennsylvania State University
7. Duke University
8. Harvard University
9. Johns Hopkins University
10. Case Western University
11. University of Pennsylvania
12. Washington University

13. Washington State University
14. Northwestern University
15. University of Oregon Health Sciences
16. University of North Carolina
17. University of Chicago
18. University of Colorado
19. University of Maryland
20. Stanford University

For tenure-track faculty, research faculty, clinician scholars, and clinician educators, evaluators should be recognized leaders in their field at peer or higher institutions, and of higher rank than the candidate. For faculty on the clinical excellence pathway seeking promotion to associate clinical professor, the evaluators may be selected based on a more regional or local recognition of the candidate based upon the candidate's area of emphasis. For associated faculty, evaluators will in general be local experts and physicians who can evaluate the candidate, and who know the candidate by reputation, but do not maintain a close personal relationship with the candidate.

A conflict of interest for external reviewers exists if the reviewer is or has been to the candidate: a) a thesis, dissertation, or postdoctoral advisee/advisor; b) a research collaborator, which includes someone who has been a coauthor on a publication within the past 3 years, including pending publications and submissions; c) a collaborator on a project within the past 3 years, including current and planned collaborations; d) in a consulting/financial arrangement with the candidate within the past 3 years, including receiving compensation of any type (e.g., money, goods, or services); e) a relative or close personal friend; or f) in any relationship, personal or professional, that could reduce the reviewer's objectivity. Also excluded are reviewers from the same institution, or those who had previous employment in the same institution within the past 12 months, or those who are being considered for employment at that institution.

A minimum of five credible and useful evaluations must be obtained (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.
- c) In the event that the Department is unable to obtain the required number of external evaluations, the unit 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 will 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, IM APT 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 clinical professor may have three internal letters of evaluation; faculty moving to clinical professor on the clinical excellence pathway should have at least one external letter of evaluation out the three total letters.

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

It will be explicitly stated that the external evaluator should not comment as to whether the candidate would be promoted to the proposed rank at the evaluator's own institution. The written or email request will include a letter from the department chair, the candidate's curriculum vitae, the Department's criteria for promotion, and, if applicable, three representative publications and teaching evaluations.

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 (requesting permission from the Office of Academic Affairs to exclude that letter from the dossier). It is in the candidate's self-interest to ensure that there is no ethical or procedural lapse, or the appearance of such a lapse, in the course of the review process.

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

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. Only the candidate may appeal a negative tenure, promotion, or reappointment decision.

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

IX. Procedures for Student and Peer Evaluation of Teaching

A. Student Evaluation of Teaching

College of Medicine views teaching broadly. It includes teaching in the classroom, at the bedside, or in the laboratory. Student evaluations of faculty teaching and mentoring are required for promotion. All faculty should obtain evaluations for courses taught, lectures given, and/or individual mentoring of students, residents and/or fellows. Use of the Student Evaluation of Instruction (SEI) or VITALS evaluations are required in courses offered in the Department of Internal Medicine. Copies of these forms can be obtained at [Vitals](#). For courses offered in the OSU College of Public Health or OSU Graduate School, course evaluation forms can be obtained at [SEI student evaluations](#). This form can be used or modified for evaluation of individual lectures or a subsection of a course. For faculty who mentor students in their labs, written feedback from the student may also be provided in the form of a letter or written document describing the faculty member's mentoring ability, knowledge and skills learned, and any finished products completed while working with the faculty (e.g., publications, poster and/or oral presentations at professional meetings, etc.).

B. Peer Evaluation of Teaching

All faculty members of the Department of Internal Medicine other than research faculty must obtain peer reviews of teaching on an annual basis. The faculty member may choose a colleague or a recognized education expert to observe an education activity. This may range from classroom lectures, small group discussions, ward rounds, teaching in the clinic or other venues. Evaluations of lectures such as Grand Rounds, which are required for CME credit, may serve as peer-review of teaching. When a peer review

expert or colleague performs the evaluation, written comments should be provided, and the reviewer should meet with the faculty member to review strengths and areas for advancement in teaching methods. Faculty members may consult the Executive Vice Chair for Academic Affairs or the Vice Chair for Education for assistance in identifying those appropriate to perform peer reviews of teaching, and for recommendations for appropriate tools for these reviews.

X. 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, 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. It includes, but is not limited to, efforts in mentoring and professionalism.

Joint Appointment – when a faculty member’s FTE (and salary support) is split between one or more academic TIUs is 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.

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, debate and acceptance of differing

viewpoints without demonstration of prejudice or bias. Maintenance of these behaviors is consistent with the values of The Ohio State University and the College of Medicine.

Reappointment Review – the review of a clinical, 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. Centers and Institutes are not tenure Initiating Units (please see Appendix B for the complete list of TIUs).

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

Appendix B. American Association of University Professors (AAUP) Statement on Professional Ethics.

The statement on professional ethics is available at the website listed [here](#) and is reproduced as follows:

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 C. Description of areas in which faculty may achieve and demonstrate clinical excellence for promotion. Promotion candidates should demonstrate significant accomplishment(s) in at least one of the first four elements, marked with an asterisk.

Element #1 - Practice Quality Improvement *

Establish quality improvement or systems-based changes that result in the enhancement of care provided to University Medical Center patients. Objective improvement in measures such as efficiency, access, or patient volume should be clear. Examples of quality improvement include decreasing patient wait times for appointments, readmission rates, accelerating patient flow through clinic, timely hospital discharge, increasing delivery of evidence-based care and best practices, decreasing adverse events. Provide the following details for each practice quality improvement.

- Description or title of project and associated timeframe
- Project description and goals
- Faculty role, team members, personal contribution, time commitment. For collaborative work, describe personal contributions distinct from other team members
- Results, magnitude of impact, and importance of outcome
- Dissemination and spread of program beyond original scope

Element #2 - Practice Development and Growth *

Develop innovative clinical programs delivering new therapeutics or extending services into new populations. Objective measures of impact can include patient volumes, clinical outcomes, patient satisfaction, reputation scores, revenue, clinical performance metrics, and downstream impacts on services provided by the health system. Examples include developing interventional nephrology or pulmonary programs, developing new methods of clinical monitoring for specific disease processes or treatments, new drug therapy development trials, expand women's health care, rare disease clinics. Provide the following details for each practice development and growth.

- Description or title of program/practice and associated timeframe
- Program/practice description and goals
- Faculty role, team members, personal contribution, time commitment. For collaborative work, describe personal contributions distinct from other team members.
- Results, magnitude of impact, and importance of outcome
- Dissemination and spread of program beyond original scope

Element #3 - Patient-related Outcomes and Improvements *

Demonstrate faculty member's clinical excellence with multiple lines of evidence. This should include clinical quality indicators such as mortality metrics, complication rates, length of stay and readmission rates, preventive health measures, and patient satisfaction. Performance measures should be easily benchmarked for comparison. Examples include excellence in reducing risk of cardiovascular events, treatment of hepatitis, depression screening in cardiac patients, improving diabetes glucose control.

Element #4 - Leadership (Internal and External) *

Exemplify a sustained track record of clinical leadership within or outside the institution. Specific outcomes resulting from individual efforts in leadership should be impactful and measurable. Roles as "directors" and "chairs" are distinctions but in themselves not adequate. More important is the impact of the group's effort and the individual contribution of the faculty member. Examples of leadership roles include committee chairs, clinic lead physicians, medical directors, mentor and role models for peers.

Element #5 - Practice Related Awards and Recognitions

Recognition locally, regionally, or nationally for clinical excellence. Examples include community recognitions, best doctor's listings, impromptu letters from peers, consistent ranking in nation's elite Castle-Connolly or U.S. News Physicians Survey. Examples of recognition include referral patterns beyond the typical distribution for discipline which demonstrates a reputation external to our organization as "best in class." Another important example is a referral pattern of the most complex and sickest patients which identifies those physicians with clinical skills beyond their peers.

Element #6 - Professional clinical Education and/or Mentoring Efforts

Mentorship and clinical education is an important element of clinical excellence. Activities demonstrating this commitment include clinical lectures, supervision of house staff and students, peer mentoring, Grand Rounds, CME/curriculum development (internal and external), scientific event participation, and judging science fairs. Measures such as time commitment, number of learners, learner evaluations, CME credits should be detailed.

Higher impact events include development of clinical practice guidelines, grand rounds and CME in which dissemination of peer-reviewed data and expertise are disseminated.

Element #7 - Participation in Community / Societal Outreach, Education Development and Impact

Raising the profile of the institution through volunteering, advocacy, and outreach are valued. Examples include participation in public speaking events, support groups, advocacy campaigns, philanthropic and fundraising for clinical efforts, board of trustees, media events.

Element #8 - Research Collaboration

High impact research is difficult for clinical faculty due to time commitments to patient care. However, collaboration with clinical researchers and educators is a valued activity. Activities as a research team member including protocol development, patient recruitment, and participation in manuscript review should be detailed.