



THE OHIO STATE UNIVERSITY  
WEXNER MEDICAL CENTER

**Appointments, Promotion,  
and Tenure Document for**

**The Ohio State University  
Department of  
Obstetrics and Gynecology**

OAA Approved October 13, 2018

Revision Approved by the Office of Academic Affairs: 12/16/25

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## I. PREAMBLE

This document is the Department of Obstetrics and Gynecology's supplement to Chapters 6 and 7 of the [Rules of the University Faculty](#); the annually updated procedural guidelines for promotion and tenure reviews in Volume 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 and its faculty are subject.

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

Herein are described, in qualitative terms, the Department of Obstetrics and Gynecology's adaptation of College of Medicine criteria for appointments, promotion and tenure within the context of the mission of the Department and the College and the promotion standards set forth in Section VII of this document. Also described are procedures for conducting College of Medicine reviews for reappointment, promotion and tenure when performed in the Department of Obstetrics and Gynecology, hereafter referred to in this document as the Department.

This document is the Department of Obstetrics and Gynecology's Appointments, Promotion and Tenure document. It defines the criteria for promotion for Tenure-track, Clinical, Research, and Associated Faculty, and describes the procedures by which the Department of Obstetrics and Gynecology reviews and approves faculty appointments, reappointments, promotion, and tenure. The Department of Obstetrics and Gynecology has elected to create a department specific document which is based almost entirely on the College document. The Department has adopted criteria for promotion that differ only slightly from those contained in the College document by merging the Clinician Scholar and Clinician Educator Pathways for Clinical faculty into a single Clinician Scholar- Educator Pathway. The criteria remain consistent with the College document in that they are reasonable, appropriate, justified, and have been submitted for approval by the Dean of the College of Medicine.

The document describes, in qualitative terms, the Department's criteria for appointments, promotion, and tenure, and evidence to be provided to support a case within the context of the Department's mission as well as the mission and standards of the College. The document indicates with specificity how the quality and effectiveness of teaching, the quality and significance of scholarship, and the quality and effectiveness of service are to be documented and assessed. The document also describes the Department's procedures for conducting annual faculty performance reviews and reviews for promotion and tenure. The document has been drawn up through broad faculty consultation with all voting members of the Department according to the principles articulated in paragraph (C)(3) of rule [3335-3-35](#) of the *Rules of the University Faculty* and must be approved by the Dean of the College and the Executive Vice President and Provost.

When establishing criteria for appointments, reappointments, promotions and tenure, the Department has born in mind the College's commitment to continuous elevation of the standards for faculty achievement and the goal of excellence. Accordingly, all decisions on promotion and/or tenure will be made in the context of a continuing effort at academic,

scholarly and intellectual improvement. Therefore, a decision to promote a faculty member or award tenure in this Department cannot and will not be made primarily on the basis of a need for that individual's area of expertise or of service to the Department, the College or the University. The Department acknowledges these attributes and contributions as important but not sufficient as an independent criterion for promotion or tenure. Promotion in the Department is seen as a method by which the sustained and successful pursuit of excellence in reproductive health care for women is recognized, whether it be in education, clinical care, research, or service. Successful pursuit is defined in part by external recognition, which is most often achieved by intentionally focused efforts.

Faculty members in the Department will be evaluated for their contributions to the multi-partite mission of the Department, the College, the University, and the broader mission of advancing the health of women. Evaluation encompasses accomplishments in research and scholarship, teaching, education, innovation, program development and service, including activities in support of the patient care mission of the Department and College.

The [\*Rules of the University Faculty\*](#) permit the Department of Obstetrics and Gynecology to make appointments in the following: Tenure-track; Clinical; Research; and Associated faculty. Herein are described the characteristics and qualifications that distinguish faculty members in these different appointments, and guidelines for appointments and promotions consistent with these distinctions.

The College of Medicine endorses the University's recognition of the value of different contributions by individual faculty members toward the realization of the overall mission of the institution. For example, Tenure-track and Clinical appointments may have different patterns of scholarly activity that reflect a range of faculty interests, skills, and accomplishments. These different patterns of performance may result in variation in emphasis among teaching, scholarship and service. Although faculty members may choose to place greater emphasis on certain aspects of scholarly activity, and less emphasis on others, the College and the Department of Obstetrics and Gynecology require faculty to pursue excellence in all areas.

All faculty members are to be evaluated for appointment and promotion using metrics that reflect the quality and impact of their contributions to the Department, the College, the Medical Center and the University in the context of their assigned position descriptions. Metrics for quality and effectiveness will be carefully determined by the Department, defined in this Appointment, Promotion and Tenure document, and will be validated, peer-reviewed and relevant to the chosen/assigned body of work.

In addition, faculty members' activities may change over time, and thus may be consistent with different patterns of performance throughout the course of their careers. All of these different patterns of faculty activity will still lead to consideration for, and granting of, promotion and/or tenure, provided that the College and Department standards of excellence in all areas (including demonstration of national or international impact and recognition) as appropriate to the faculty appointment, rank, and duties, are met.

The faculty and the administration are bound by the principles articulated in Faculty Rule [3335-6-01](#) of the Administrative Code. In particular, all faculty members accept the responsibility to participate fully and knowledgeably in review processes; to exercise the standards established in Faculty Rule [3335-6-02](#) and other standards specific to this Department and College; and to

make negative recommendations when these are warranted in order to maintain and improve the quality of the faculty.

Decisions considering all 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."

The Department Appointments, Promotion and Tenure document will be reviewed, and either reaffirmed or revised, upon the appointment or reappointment of the Chair. The Dean and the University Executive Vice President and Provost must approve this document to indicate acceptance of the mission of the Department and College of Medicine, and the standards and criteria described herein. In doing so, the responsibility of applying high standards in evaluating existing faculty and candidates for faculty appointment is delegated to the Department and the College of Medicine, with the final recommendations on promotion or tenure assigned to the Executive Vice President and Provost as prescribed in the Rules of the University Faculty.

## II. MISSION

The mission of the Department of Obstetrics and Gynecology is consistent with the Medical Center's mission: to improve people's lives through innovation in research, education and patient care. Service obligations of members of the Department are required for the governance and operations of the Department, the Medical Center (including the College), and the university. Fulfillment of this mission also includes consultation and services to public agencies, institutions, and citizens' groups at the local, state, national and international levels, whose goal is the application of scientific knowledge to improve health care for women.

The Department places emphasis on the production of new knowledge and innovation. Thus, research and contributions to the scientific and scholarly literature constitute an important component of the mission. This extends beyond the boundaries of the University through participation in the affairs of scientific and scholarly bodies concerned with advancing knowledge.

Education includes the teaching responsibilities of the Department for medical students, residents, fellows, and other postgraduate education.

To improve people's lives through patient care, the Department will deliver the highest level of clinical care to obstetrical and gynecologic patients through its inpatient and outpatient operations, as well as outreach to the community.

## III. DEFINITIONS

### A. THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY COMMITTEE OF THE ELIGIBLE FACULTY

## **1. TENURE-TRACK FACULTY**

The eligible faculty for appointment, reappointment, promotion and tenure, and promotion reviews of tenure-track faculty consists of all tenured faculty of equal or higher rank than the candidate whose tenure resides in the Department of Obstetrics and Gynecology, excluding the Department Chair, the Dean and assistant and associate Deans of the College, the Executive Vice President and Provost, and the President. For tenure reviews of probationary professors, eligible faculty are tenured professors whose tenure resides in the Department, excluding the Department Chair, the Dean and assistant and associate Deans of the College, the Executive Vice President and Provost, and the President.

## **2. CLINICAL FACULTY**

The eligible faculty for new appointments, reappointment and promotion of clinical faculty consists of all tenured faculty of equal or higher rank than the candidate whose tenure resides in the Department and all non-probationary clinical faculty of higher rank than the candidate whose primary appointment is in the Department excluding the Department Chair, the Dean and assistant and associate Deans of the College, the Executive Vice President and Provost, and the President.

## **3. RESEARCH FACULTY**

The eligible faculty for new appointments, reappointment and promotion reviews of research faculty consists of all tenured faculty of equal or higher rank than the candidate whose tenure resides in the Department, all non-probationary clinical faculty of equal or higher rank than the candidate whose primary appointment is in the Department, and all non-probationary research faculty whose primary appointment is in the Department excluding the Department Chair, the Dean and Assistant and Associate Deans of the college, the Executive Vice President and Provost, and the President.

## **4. ASSOCIATED FACULTY**

The eligible faculty for new appointments, reappointment and promotion reviews of Associated Faculty consists of all tenured faculty of equal or higher rank than the candidate whose tenure resides in the Department, all non-probationary clinical faculty of equal or higher rank than the candidate whose primary appointment is in the Department, and all non-probationary research faculty whose primary appointment is in the Department excluding the Department Chair, the Dean and Assistant and Associate Deans of the College, the Executive Vice President and Provost, and the President.

## **5. CONFLICT OF INTEREST**

A conflict of interest exists when an eligible faculty member is related to a candidate or has a comparable close interpersonal relationship, 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 (i.e. dissertation advisor), or has collaborated so extensively with the candidate that an objective review of the candidate's work is not possible. Generally, faculty members who have collaborated with a candidate on at least 50% of the candidate's published work since the last promotion will be expected to withdraw from a promotion review of that candidate.

## **6. MINIMUM COMPOSITION**

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

### **B. PROMOTION AND TENURE COMMITTEE**

The Department maintains a Promotion and Tenure Committee consisting of between 4-6 individuals that assists the Committee of the Eligible Faculty in managing the personnel and promotion and tenure issues. The committee's chair and membership are appointed by the Department Chair. The term of service is three years, with reappointment possible.

When considering cases involving clinical faculty the Promotion and Tenure Committee may be augmented by two nonprobationary clinical faculty members.

When considering cases involving research faculty the Promotion and Tenure Committee may be augmented by two nonprobationary clinical faculty members and two nonprobationary research faculty members.

### **C. QUORUM**

The quorum required to discuss and vote on all personnel decisions is a simple majority of the eligible faculty not on an approved leave of absence. A member of the eligible faculty on Special Assignment may be excluded from the count for the purposes of determining quorum only if the Department Chair has approved an off-campus assignment.

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

### **D. RECOMMENDATION FROM THE COMMITTEE OF THE ELIGIBLE FACULTY**

In all votes taken on personnel matters only "yes" and "no" votes are counted. Abstentions are not votes. Department faculty members are strongly encouraged to consider whether they are participating fully in the review process when abstaining from a vote on a personnel matter.

Absentee ballots and proxy votes are not permitted in the Department of Obstetrics and Gynecology.

### **1. APPOINTMENT**

In this Department, a positive recommendation from the eligible faculty for appointment is secured when a simple majority (greater than 50%) of the votes cast is positive. The Department has chosen the simple majority, recognizing that a higher majority could have been selected.

## **2. REAPPOINTMENT, PROMOTION AND TENURE, PROMOTION AND CONTRACT RENEWAL**

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

### **IV. APPOINTMENTS IN THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

The [Rules of the University Faculty](#) permit the College of Medicine to make the following appointments: Tenure-track; Clinical; Research; and Associated Faculty. The latter contains unpaid and paid Associated Faculty. The appropriate appointment for initial appointment to the Department of Obstetrics and Gynecology in the College of Medicine will reflect these differing qualifications, will be congruent with the job description of the position within the Department, and will be consistent with both the short-term and long-term career plans of the individual. The Department Chair will carefully evaluate and align the career goals of the faculty candidate and the Department needs in determining the most appropriate appointment for the faculty member.

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.

#### **A. APPOINTMENT CRITERIA**

##### **1. TENURE-TRACK FACULTY**

The Tenure-track exists for those faculty members who primarily strive to achieve sustained excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for extramural funding such as that provided by the National Institutes of Health (NIH). Although excellence in teaching and outstanding service to The Ohio State University are required, these alone are not sufficient for progress through the ranks.

Tenure-track appointments 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. Faculty members appointed to the tenure-track will be assigned a workload that provides sufficient time to meet the expectations and requirements for tenure-track appointments. The appointment process requires the Department to provide sufficient evidence in support of a Tenure-track faculty appointment so as to ensure that the faculty candidate has clearly and convincingly met or exceeded applicable criteria in teaching, scholarship, and service. [See Section VII. of this document for examples]. Each candidate for appointment should undergo an appropriate faculty review by the Department.

At the time of appointment, probationary Tenure-track faculty members will be provided with all pertinent documents detailing Departmental, College of Medicine, and University promotion and tenure policies and criteria. If these documents are revised during the probationary period, probationary Tenure-track faculty members will be provided with copies

of the revised documents. In the Department of Obstetrics and Gynecology, each appointee must obtain the appropriate Ohio licensure and other required certifications.

### **Appointment: Instructor on the Tenure-track**

An appointment to the rank of Instructor is always probationary. During the probationary period a faculty member does not have tenure and is considered for reappointment annually. Appointments at the rank of Instructor are appropriate for individuals who do not yet have the requisite skills or experience to fully assume the range of responsibilities of an Assistant Professor. Appointments to this rank may also be made if all of the criteria for the position of Assistant Professor have been met with the exception that the candidate will not have completed a terminal degree, or other relevant training, at the time of the appointment. 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.

An appointment at the instructor level is limited to three years for eligible full-time faculty. When an instructor has not completed requirements for promotion to the rank of assistant professor by the end of the third year of appointment, the third year is a terminal year of employment. Upon promotion to assistant professor, the faculty member may request prior service credit for time spent as an instructor. This request must be approved by the Department's eligible faculty, the Department chair, the Dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate since prior service credit cannot be revoked once granted. 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 that 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.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix D].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

### **Appointment: Assistant Professor on the Tenure-track**

An appointment to the rank of Assistant Professor is always probationary. During a probationary period a faculty member does not have tenure and is considered for reappointment annually. Tenure cannot be awarded at the rank of Assistant Professor. An Assistant Professor must be reviewed for promotion and tenure in the mandatory review year (6th year of appointment for faculty without clinical responsibilities, 11th year of appointment for faculty with significant patient clinical service responsibilities); however, promotion and tenure may be granted 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 with significant patient clinical service responsibilities are granted an extended probationary period of up to 11 years, including prior service credit, depending on the pattern of research, teaching, and service workload. An assistant professor with an extended probationary period is reviewed for promotion and tenure no later than the 11th year as to whether promotion and tenure will be granted at the beginning of the 12th year. For individuals not recommended for promotion and tenure after the mandatory review, the 12th year will be the final year of employment.

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 and once granted cannot be revoked except through an approved request to exclude time from the probationary period.

Criteria for appointment at the rank of Assistant Professor in the Tenure-track in the Department of Obstetrics and Gynecology 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 and a strong likelihood of independent extramural research funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix D].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

### **Appointment: Associate Professor with Tenure on the Tenure-track**

Appointment offers at the rank of Associate Professor, with or without tenure, and/or offers of

prior service credit require prior approval of the Office of Academic Affairs. Criteria for appointment to the rank of Associate Professor with tenure are identical to the criteria for promotion to Associate Professor with Tenure, as detailed in Section VII of this document. The University will not grant tenure in the absence of permanent residency. Offers to foreign nationals require prior consultation with the Office of International Affairs.

### **Appointment: Associate Professor without Tenure on the Tenure-track**

While appointments to the rank of Associate Professor may include tenure, a probationary period can be granted after petition to the Office of Academic Affairs. The Department will exercise care in making these appointments, especially if the probationary period will be less than four years. For faculty without patient clinical service responsibilities the probationary period may not exceed four years. For faculty with significant patient clinical service responsibility, the probationary period may not exceed six years. Requests for such appointments require the approval of the Dean of the College of Medicine, and the Executive Vice President and Provost. Review for tenure will occur in the final year of the probationary appointment. If tenure is not granted, an additional (terminal) year of employment is offered.

An appointment to the rank of Associate Professor without 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 without tenure are identical to the criteria for promotion to Associate Professor without Tenure, as detailed in Section VII of this document. The University will not grant tenure in the absence of permanent residency.

### **Appointment: Professor with Tenure on the Tenure-track**

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

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

## **2. CLINICAL FACULTY**

Clinical and Tenure-track appointments have equal importance in the Department and in the College. Clinical appointments exist for those faculty members whose principal career focus is outstanding teaching, clinical and translational research and delivery of exemplary clinical care. Clinical faculty members will generally not have sufficient protected time to meet the scholarship requirements of the Tenure-track within a defined probationary period. For this reason, the nature of scholarship in Clinical appointments differs from those on the Tenure-track and may be focused on a variety of academic pursuits including the scholarship of practice, integration, education, as well as new knowledge discovery. Clinical faculty members may choose to distinguish themselves in teaching, innovative pedagogic program development, or patient-oriented research. Faculty members appointed to this in the Department of Obstetrics and Gynecology may choose either the Clinician Scholar/Educator or Clinical Excellence

Pathways.

The Clinician Scholar and Clinician Educator Pathways of the clinical faculty described in the College of Medicine's Promotion and Tenure Document are merged in the Department of Obstetrics and Gynecology, whose faculty believe that promotion may be achieved by a combination of contributions in education and scholarship that have a common focus.

The Clinician-Scholar/Educator Pathway in the Department emphasizes a focus in pedagogy, translational science, clinical research and/or health services that share a common theme. Success on this pathway may be measured by teaching evaluations, innovative teaching practices, curriculum development, administrative service, program leadership, publications and/or grant funding.

The Clinical Excellence Pathway is appropriate for faculty members who focus on exemplary clinical care, unique areas of emphasis in patient management, or outstanding service to the Department, the College of Medicine, and/or the University. Faculty members on this pathway typically devote 90% or more of their effort to patient care or administrative service.

All clinical appointments are made in accordance with Chapter 7 of the Rules for University Faculty [3335-7](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. At the time of appointment, probationary Clinical faculty members will be provided with all pertinent documents detailing Department, College of Medicine, and University promotion policies and criteria. If these documents are revised during the probationary period, faculty members will be provided with copies of the revised documents.

Clinical faculty members are not eligible for tenure and may not participate in promotion and tenure matters of tenure-track faculty.

Contracts will be for a period of at least three years and for no more than five years. The initial contract is probationary, and 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. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges. The following paragraphs will outline the basic criteria for initial clinical appointments.

Clinical faculty in the Department of Obstetrics and Gynecology may be appointed to either the Clinician-Scholar/Educator or Clinical Excellence Pathways with contracts of variable duration as determined by the Chair. Transfers between these two pathways may occur in either direction only at the time of reappointment, and with the understanding that performance metrics of these pathways differ significantly.

### **Appointment: Instructor of Clinical Obstetrics and Gynecology**

Appointment to the rank of Instructor is made if all of the criteria for the position of Assistant Professor have been met with the exception that the candidate will not have completed the terminal degree, or other relevant training, at the time of the appointment. In addition,

appointment at the rank of Instructor is appropriate for individuals who, at the time that they join the faculty, do not have the requisite skills or experience to fully assume the full range of responsibilities of an Assistant Professor. 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. In such cases, if the instructor has not completed requirements for promotion to the rank of assistant professor by the end of the penultimate year of the contract period, a new contract will not be considered even if performance is otherwise adequate and the position itself will continue.

When an Instructor is promoted to Assistant Professor, a new letter of offer with a probationary period of five years will be issued. Candidates for appointment to the rank of Instructor will have, at a minimum:

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study.
- Evidence of potential for contributions to scholarship as demonstrated by activities such as publications or presentation of abstracts as primary or secondary author. The individual may not as yet have demonstrated substantial evidence of independent contributions as reflected by first author publications and/or presentations.
- Post-doctoral clinical training in an appropriate area.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].

### **Appointment: Assistant Professor of Clinical Obstetrics and Gynecology**

The initial appointment to the rank of Assistant 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.

This is the appropriate level for initial appointment of persons holding the appropriate terminal degree and the relevant clinical training, who are expected to be involved in full time teaching and clinical service, with more limited contribution to scholarship. This is also the appropriate level for persons assigned major clinical responsibilities who plan to engage principally in the education or clinical and translational science research or health service research. Candidates for appointment at this rank are expected to have completed all relevant training, including residency and fellowship where appropriate, consistent with the existing or proposed clinical program goals of the Department.

Candidates for appointment to the rank of Assistant Professor 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 scholarship as demonstrated by activities such as presentation of abstracts or peer reviewed articles as primary, secondary, or corresponding author; or educational or clinical program development leadership; or involvement or leadership in quality or operations initiatives; and potential to advance through the faculty ranks.
- A mindset and record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].

**Appointment: Associate Professor of Clinical Obstetrics and Gynecology**

The criteria for initial appointment at the rank of Associate Professor are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

**Appointment: Professor of Clinical Obstetrics and Gynecology**

The criteria for initial appointment at the rank of Professor, are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

**Appointment on the Clinical Excellence Pathway; see also Section VII (A) (3) (a and b) below**

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

- a) Metrics should include consistent rankings among the Nation’s elite in the Castle-Connolly or U.S. News Physicians Survey, or similar (Best Doctors, Inc.). At a minimum they should demonstrate:
- b) Referral patterns from beyond the typical distribution for their discipline (demonstrates a reputation external to our organization as “best in class”).
- c) Referral of patients with unique or uncommon illnesses, or those who are afflicted with complex and severe health problems (identifies those physicians with clinical skills beyond their peers).
- d) Multiple lines of evidence supporting excellence in clinical performance, including clinical measures such as quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
- e) Establishment of quality improvements or systems-based changes that result in

- enhancement of the care provided to OSU Medical Center patients.
- f) A sustained record of exemplary clinical leadership and unique program development within the institution.
  - g) Demonstration of dissemination of peer reviewed data and expertise in the form of Grand Rounds, clinical practice guidelines, seminars, podcasts, websites, and/or small group activities with peer reviewed data and internal benchmarking.
  - h) Demonstration of collaboration with researchers and educators in the Department and beyond.

### **3. RESEARCH FACULTY**

Research appointments exist for faculty members whose focus is scholarship. Notably, the standards for scholarly achievement are similar to those for individuals on the Tenure-track for each faculty rank. A research faculty member may, but is not required to, participate in educational and service activities. Research faculty members are expected to contribute to a Department's research mission and are expected to demonstrate excellence in scholarship as reflected by high quality peer-reviewed publications and successful competition for NIH or similar funding.

Research appointments 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. Because a different percentage has not otherwise been authorized by the Tenure-track faculty in the Department, Research faculty must comprise no more than twenty per cent of the number of Tenure-track faculty in the Department.

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 be entirely derived from extramural funds. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year as to whether they will be reappointed for the following year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of a contract may be renegotiated at the time of reappointment. Tenure is not granted to research faculty.

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 XV the [Graduate School Handbook](#).

#### **Appointment: Research Assistant Professor**

The Department's Appointments, Promotion and Tenure guidelines require that the candidate

for appointment as a Research Assistant Professor has provided clear and convincing evidence he or she has a demonstrated record of achievement and recognition at local or regional level, and has, at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study, or possession of equivalent experience.
- Completion of sufficient post-doctoral research training to provide the basis for establishment of an independent research program.
- An initial record of excellence in scholarship as demonstrated by having begun to develop a body of research, scholarship, and creative work, and initial evidence of program of research as reflected by first or senior author publications or multiple co-authorships and existing or strong likelihood of extramural research funding as one of several program directors or principal investigators on network-type or center grants (multiple-PD/PI) or as a co-investigator on multiple grants.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].
- 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 are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

#### **Appointment: Research Professor**

The criteria for initial appointment to the rank of Professor are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

### **4. ASSOCIATED FACULTY**

The Department encourages participation of community practitioners who support the Department’s educational and service missions by teaching students and residents, promoting clinical research, and participating in the administration of the Medical Center. When such activities are sustained at a high level, appointment to the Associated Faculty is appropriate. Associated Faculty appointments exist for faculty members who focus on a specific and well-defined aspect of the College mission, most commonly outstanding teaching and exemplary clinical care. Associated Faculty may be involved in scholarly pursuits and service to the University, but this is not required for advancement.

Associated Faculty, as defined in the Rules of the University Faculty [3335-5-19](#) (D), include “persons with adjunct titles, clinical practice titles, visiting titles, and lecturer titles,” plus “professors, associate professors, assistant professors, and instructors who serve on appointments totaling less than fifty per cent service to the university.” Members of the

Associated Faculty are not eligible for tenure, may not vote at any level of governance unless approved to do so by a majority of the tenure-track faculty, and may not participate in promotion and tenure matters. Associated Faculty appointments are for up to three years and must be renewed annually. The titles below are used for Associated Faculty in the Department of Obstetrics and Gynecology.

**Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor.** Adjunct appointments are uncompensated. Adjunct faculty appointments are given to individuals who provide considerable compensated or uncompensated academic service to the Department, such as teaching a course, for which a faculty title is appropriate. Criteria for appointment at advanced rank are the same as for promotion. Adjunct faculty members are eligible for promotion (but not tenure), and the relevant criteria are those for promotion of tenure-track faculty.

**Clinical Instructor of Practice, Clinical Assistant Professor of Practice, Clinical Associate Professor of Practice, Clinical Professor of Practice.** Associated faculty with patient care responsibilities will be given clinical associated appointments. Clinical appointments may either be compensated or uncompensated. Criteria for appointment at advanced rank are the same as for promotion. Associated clinical 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.

**Senior Lecturer.** Appointment as senior lecturer requires that the individual have, at a minimum, a doctorate in a field appropriate to the subject matter to be taught, along with evidence of ability to provide high-quality instruction; or a Master's degree and at least five years of teaching experience with documentation of high quality. Senior lecturers are not eligible for tenure or promotion.

**Assistant Professor, Associate Professor, Professor with FTE below 50%.** Appointment at tenure-track titles is for individuals at 49% FTE or below, either compensated or uncompensated. 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.

**Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor.** Visiting faculty appointments may either be compensated or not compensated. Visiting faculty members on leave from an academic appointment at another institution are appointed at the rank held in that position. The rank at which other (non-faculty) individuals are appointed is determined by applying the criteria for appointment of tenure-track faculty. Visiting faculty members are not eligible for tenure or promotion. They may not be reappointed for more than three consecutive years.

At a minimum, all candidates for Associated Faculty appointments must meet the following criteria.

- Associated clinical practice faculty with clinical responsibilities must be a licensed physician or health care provider.
- 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, or fellows: For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.
  - b) Research: These faculty members may collaborate with a Department or Division in the College in research projects or other scholarly activities.

### **Appointment and Reappointment: Associated Faculty at Advanced Rank**

Associated Faculty members are appointed for up to three years and are not eligible for traditional promotion, but are eligible to be reappointed at the next rank. Appointment or reappointment at advanced rank should evidence excellence in a specific aspect of the College mission. All new appointments at advanced rank require a review and vote of the eligible faculty, an evaluation by the Department Chair, and an evaluation letter from a person who can attest to the faculty member's primary contribution in clinical care, teaching or scholarship.

#### **A. ASSOCIATE PROFESSOR ON THE ASSOCIATED FACULTY**

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

Scholarship: For Associated Faculty members whose principal focus is scholarship, benchmarks include participation in research projects, programs, or other scholarly activity that result in enhanced regional recognition of the College through publications, funded programs, or other means. Presentations at regional meetings or leadership or participation in regional organizations dedicated to the faculty member's area of focused scholarship serve as further indicators of advancement to this rank. Although a record of publication is not an expectation for Associated Faculty, publications or other forms of dissemination of scholarship (e.g., web based documents, other electronic media) are valued and contribute to advancement in rank. This is particularly true for faculty who are appointed based on their collaboration in research or other scholarly activities. Publications may be of various types and are not required to be first or senior authored.

#### **B. PROFESSOR ON THE ASSOCIATED FACULTY**

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

Teaching and Mentoring: For associated faculty members whose principal focus is teaching

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

Scholarship: For Associated Faculty members whose principal focus is scholarship, the scholarly contributions of Associated Faculty appointed or reappointed to the rank of Professor will exceed the scope of those at the rank of Associate Professor. Benchmarks include participation in research projects, programs, or other scholarly activities that result in enhanced national recognition of the College through publications, funded programs, or other means. Authorship or co-authorship of manuscripts and participation in nationally funded programs of research are examples of benchmarks for those achieving this rank. Presentations at national meetings and membership or leadership in national organizations dedicated to the faculty member's focus of scholarship are further benchmarks.

## **5. COURTESY APPOINTMENTS FOR FACULTY**

A non-salaried appointment for a University faculty member from another Department is considered a Courtesy appointment. An individual with an appointment in one Department may request a Courtesy appointment in another Department when that faculty member's scholarly and academic activity overlaps significantly with the discipline represented by the second unit. Such appointments must be made in the same faculty, using the same title, as that offered in the primary Department. Courtesy appointments are warranted only if they are accompanied by substantial involvement in the academic and scholarly work of the Department.

## **6. TRANSFER FROM THE TENURE-TRACK**

Transfers from the tenure-track are permitted only under the strict guidelines detailed in the paragraphs below, per University Rules [3335-7-09](#) and [3335-7-10](#). Furthermore, transfer of an individual from the tenure-track may not be used as mechanism for retaining underperforming faculty members. An engaged, committed, productive faculty should be the ultimate goal of all appointments.

Tenure-track faculty may transfer to a clinical or research appointment if appropriate circumstances exist. Tenure is lost upon transfer, and transfers must be approved by the Department Chair, the College Dean, and the Executive Vice President and Provost.

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.

Transfers from the clinical and from the research faculty to the tenure-track are not permitted. Clinical faculty members and research faculty members may apply for tenure-track positions

and compete in national searches for such positions.

The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities. Presumably, these will differ from prior expectations.

## **B. APPOINTMENT PROCEDURES**

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

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](#) for information on the following topics:

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

### **1. TENURE-TRACK FACULTY**

A national search is required to ensure a broad pool of highly qualified candidates for all tenure track positions. This includes all external candidates for all faculty positions. The only exception is for dual career partners, as described in Chapter 5, section 4.1 of the [Policies and Procedures Handbook](#). Exceptions to this policy must be approved by the Office of Academic Affairs in advance. Search procedures must entail substantial faculty involvement and be consistent with the OAA [Policy on Faculty Recruitment and Selection](#).

The Dean or designee 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 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 with tenure, 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.

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

## **2. CLINICAL FACULTY**

Searches for initial appointments for clinical faculty follow the same procedures as those utilized by the Department and the College of Medicine for tenure track faculty, with the exception that the candidate is not required to give a presentation. A national search is required to ensure a broad pool of highly qualified candidates for all clinical faculty positions. Exceptions to this policy must be requested in advance from the Dean or their designee. In the case of approval of waiver for a search, the department must complete a full review, the Chair must provide a recommendation, and the Dean must approve the hire. As above, faculty appointed to the clinical faculty should evidence a career consistent with the values of the college and aligned with its cultures.

## **3. RESEARCH FACULTY**

Searches for initial appointments in the research faculty 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 broad pool of highly qualified candidates for all research faculty positions. Exceptions to this policy must be requested in advance from the dean or their designee. As above, faculty appointed to the clinical faculty should evidence a career consistent with the values of the

college and aligned with its cultures.

#### **4. ASSOCIATED FACULTY**

The appointment of compensated associated faculty members follows a formal search following the SHIFT Framework, which includes a job posting in Workday (see Section IV.B) and candidate interviews. The appointment is then decided by the Department Chair based on recommendation from the search committee. The reappointment of compensated associated faculty members is at the discretion of the Department Chair. Compensated associated appointments are generally made for a period of one to three years.

Appointments to an unpaid associated faculty position require no formal search process. Appointment and reappointment of uncompensated adjunct or visiting faculty are at the discretion of the Department Chair.

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

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

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

#### **5. COURTESY APPOINTMENTS FOR FACULTY**

Any Department faculty member may propose a 0% FTE (Courtesy) appointment for a tenure-track, clinical, or research faculty member from another OSU Department. A proposal that describes the uncompensated academic service to the courtesy Department justifying the appointment must be considered at a regular faculty meeting. The Chair must review all courtesy appointments every three years to determine whether they continue to be justified, may take recommendations for nonrenewal from the faculty, and must conduct a vote at a regular faculty meeting. A courtesy faculty appointment forwarded from a Department for approval by the College must have been made consistent with that Department's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by the Rules of the University Faculty, the Office of Academic Affairs, and the Office of Human Resources.

#### **v. REVIEW PROCEDURES**

The Department follows the requirements for annual reviews as set forth in the [Policy on Faculty Annual Review](#).

Each Department Chair or their designee must conduct an annual review of every faculty member, irrespective of rank, in accordance with University Rule [3335-6-03](#) (C), and the

Office of Academic Affairs [Policies and Procedures Handbook](#). The only exception to this guideline is that Courtesy appointments do not require formal annual renewal, but continuation of the appointment should reflect ongoing academic involvement as described in the Office of Academic Affairs Policies and Procedures [Volume 1](#): 2.3.1.6.

### **Procedures for Tenure-track, Clinical (including Clinician-Scholar/Educator and Clinical Excellence Pathways), Research Faculty, and Paid Associated Faculty**

The faculty member must maintain an up-to-date Research in View profile and/or keep a recent curriculum vita on record with the Department. The Department Chair or designee will supply each faculty member with a written evaluation of their performance, in narrative format. Annual reviews must include an opportunity for a face-to-face meeting with the Department Chair. If a Chair's designee conducts the annual review, there must be a mechanism for appraising the Chair of each faculty member's performance. The Department Chair is required (per Faculty Rule [3335-3-35](#)) to include a reminder in the annual review letter 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 of Obstetrics and Gynecology will be responsible for implementing such a plan and describing the annual review procedure in its individual Appointments, Promotion and Tenure document.

#### **A. ANNUAL REVIEW PROCEDURES: PROBATIONARY TENURE-TRACK FACULTY**

All annual reviews are performed by the faculty member's respective division director and then reviewed by the Chair for final recommendation.

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

If the Department Chair recommends nonrenewal, the Fourth-Year Review process (per Faculty Rule [3335-6-04](#)) 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 utilizing the same process as the review for tenure and promotion, with two exceptions: external letters of evaluation will not be solicited, and review by the College of Medicine Promotion and Tenure Advisory Committee is not mandatory. The objective of this review will be to determine if adequate progress towards the achievement of promotion and tenure is being made

by the candidate. At the conclusion of the Department review, the formal comments process (per Faculty Rule [3335-6-04](#)) is followed and the case is forwarded to the College for review, regardless of whether the Department Chair recommends renewal or nonrenewal.

If either the Department Chair or the Dean recommends nonrenewal of a faculty member's probationary contract, the case will be referred to the College Appointment, Promotion and Tenure Advisory 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 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. EXCLUSION OF TIME FROM PROBATIONARY PERIOD**

[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. Additional procedures and guidelines can be found in the University Office of Academic Affairs [Policies and Procedures Handbook](#). 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.

### **B. ANNUAL REVIEW PROCEDURES: TENURED FACULTY**

Tenured faculty members are to be reviewed annually by the Department Chair or designee. The Department Chair or designee meets with each faculty member to discuss their performance and future plans and goals; and prepares a written evaluation in narrative format.

### **C. ANNUAL REVIEW PROCEDURES: CLINICAL FACULTY**

The annual review process for clinical probationary and non-probationary faculty is identical to that for tenure-track probationary and tenured faculty respectively, except that non-probationary clinical faculty may participate in the review of clinical faculty of lower rank. In the penultimate year of a clinical faculty member's appointment, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. This review proceeds identically to the Fourth-Year Review procedures for tenure-track faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract.

#### **D. ANNUAL REVIEW PROCEDURES: RESEARCH FACULTY**

The annual 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.

In the penultimate year of a research faculty member's appointment, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. This review proceeds identically to the Fourth-Year Review procedures for tenure-track faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract.

#### **E. ANNUAL REVIEW PROCEDURES: ASSOCIATED FACULTY**

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

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

### **VI. MERIT SALARY INCREASES AND OTHER REWARDS**

Merit salary increases and other rewards made by the Department must be made consistent with its Appointments, Promotion and Tenure document and other relevant policies, procedures, practices, and standards established by: (1) the College of Medicine, (2) the Rules of the University Faculty, (3) the Office of Academic Affairs Policies and Procedures Handbook, and the Office of Human Resources.

#### **A. MERIT SALARY INCREASES AND OTHER REWARDS: CRITERIA**

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

Meritorious performance in teaching, scholarship, and service are assessed in accordance with the same criteria that form the basis for promotion decisions. The time frame for assessing performance will be the past 36 months, with attention to patterns of increasing or declining productivity. Faculty with high-quality performance in all three areas of endeavor and a pattern

of consistent professional growth will necessarily be favored. Faculty members whose performance is unsatisfactory in one or more areas are likely to receive minimal or no salary increases.

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

## **B. MERIT SALARY INCREASES AND OTHER REWARDS: PROCEDURES**

Each faculty member must undergo an annual review utilizing the principles outlined in Section V of this document. The Department Chair will compare the faculty member's performance to stated expectations and to those recorded in the relevant Appointments, Promotion and Tenure document, and then in consultation with the division director determine an appropriate level of merit salary increase (if any). Other rewards will be determined in a similar manner in consultation with the Dean or the College of Medicine Compensation Committee.

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.

## **C. MERIT SALARY INCREASES AND OTHER REWARDS: DOCUMENTATION**

Documentation for the purposes of determining merit salary increases will use the same standards as are applied for considerations of promotion and/or tenure. These standards are described in Section VII of this document, and may be augmented by additional descriptions in the Appointments, Promotion and Tenure document of the Department of Obstetrics and Gynecology.

# **VII. PROMOTION AND TENURE, AND PROMOTION REVIEWS**

## **A. CRITERIA**

The Department's formal criteria for academic advancement, including promotion and awarding of tenure are outlined here. The College expects that when the Department forwards the dossier of a candidate for review and has recommended promotion and/or granting of tenure, every diligent effort has been made to ensure the qualifications of the candidate meet or exceed applicable criteria.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised. As the College diversifies and places new emphasis on interdisciplinary endeavors and program development, instances will arise in which the proper work of a faculty member may depart from established academic patterns, especially with regard to awarding tenure. Thus, care must be exercised to apply criteria flexibly, but without compromise in requiring the essential qualifications for promotion. Insistence upon this high

standard for faculty is necessary for the maintenance and enhancement of the University as an institution dedicated to the discovery and transmission of knowledge.

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 contribute effectively to exemplary scholarship, teaching and service. A commitment to these values and principles can be demonstrated by constructive responses to and participation in University and College 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 as reflected in the "[Statement of Professional Ethics](#)" of the American Association of University Professors.

Annually, the OSU Office of Academic Affairs establishes specific guidelines, procedures, and schedules for the review of candidates for promotion and tenure. The Dean of the College of Medicine 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 Dean of the College of Medicine will submit the dossier to the College's Appointments, Promotion and Tenure Advisory 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.

## **1. PROMOTION OF TENURE-TRACK FACULTY**

### **A. ASSOCIATE PROFESSOR WITH TENURE**

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 OSU is required, but alone is not sufficient for promotion and awarding of tenure. These three key achievements: scholarship, teaching and service, are individually discussed below.

Achievement of a national reputation is a prerequisite for promotion to Associate Professor and an award of tenure. Objective examples of a national reputation include service on NIH or equivalent grant review panels, participation on federal steering, guideline or advisory committees, selection for service in a national professional society, invitations for lectureships or scholarly reviews, receipt of national scientific awards, external letters of evaluation and other specialty- and subspecialty-specific measures of national prominence.

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 prominence in one's

field of endeavor. Such evidence 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. Metrics that are useful in assessing a candidate include the total number of citations of their publications, the impact factor of journals in which they have published and their Hirsch index (h-index) relative to the candidate's field of endeavor. 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 or professor. Specific metrics in support of excellence in scholarship may be discipline-specific. For example, clinician investigators will have less time available for research than basic investigators and appropriate adjustments of these criteria have been made for the Department of Obstetrics and Gynecology and its many disciplines. The range of publications may be slightly adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical service. 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 where the individual input of the faculty member as a middle author is uniquely contributory and clearly evident in the narrative.

This document defines the Department's acceptable range of scholarly productivity, and explicitly balances qualitative and quantitative accomplishments to guide promotion and tenure decisions. Examples of discipline specific considerations include publications in highly specialized journals that may have a high impact in the field, but a relatively low overall impact factor and citation index. In addition, national levels of productivity among disciplines may vary substantially and this variation has been considered in developing the Department's document. Expectations regarding scholarship have been adjusted according to the extent of the faculty member's commitment to clinical service, teaching, administrative duties and service to regional or national organizations. The extent of those activities will be documented in the annual reviews of faculty members and included in the Departmental promotion and/or promotion reviews.

For faculty on the Tenure-track, evidence of sustained or multiple grant support indicates promise and expertise in the field. Candidates for promotion to associate professor with tenure who are without significant clinical responsibilities must have obtained NIH funding as a principal investigator (PI) on an R01 or as one of several program directors or principal investigators on a large NIH grant (multiple-PD/PI) (i.e., multicenter R01 or equivalent such as a project on a P01, U54), or equivalent funding from the National Science Foundation (NSF) or have obtained a mid-career K award. They should ideally have demonstrated sustainability of their research program by renewal of the NIH award and/or by garnering a second distinct NIH grant and/or another nationally competitive, peer reviewed grants. The latter may include support from prominent national charitable foundations (e.g., American Heart Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. Specialty-specific funding of similar importance may come from organizations such as the American Association of Obstetricians and Gynecologists Foundation (AAOGF), the American Board of Obstetrics and Gynecology, the Gynecologic Oncology Group, the Society for Reproductive Medicine, The Foundation for Women's Cancer, and the Pregnancy Foundation

of the Society for Maternal Fetal Medicine.

Department faculty members are encouraged to collaborate with other investigators and to meet the requirement for extramural support for their research as one of several program directors or principal investigators on network or center grants (multiple- PD/PI) or by serving as a co-investigator on multiple NIH grants. For clinicians, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. Similarly, support for research programs through creation of patents that generate licensing income or spin-off companies also meet criteria for 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 performed while a faculty member at The Ohio State University. Evidence of scholarship below the specified range does not preclude a positive promotion decision and 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.

The College values entrepreneurship as a special form of scholarship that may include patents, licenses of invention disclosures, software development, 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 College will analyze these flexibly. Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer-reviewed manuscript, licensing activities that generate revenues should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. These entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier.

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. Teaching awards and other honors are also highly supportive of teaching excellence. A faculty member may also demonstrate significant contributions to teaching and training programs, such as curricular innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of innovative programs that integrate teaching, research and patient care are valued.

Teaching excellence is most commonly demonstrated in the Tenure Track through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. 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.

Service: Service includes administrative service to OSU, excellent patient care, program development, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to Department, College, Medical Center, and/or University committees and mentoring activities. Evidence of professional service to the faculty member's discipline can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes: reviewers of proposals, external examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion. Table 1 below provides a summary of expected benchmarks for promotion to associate professor with tenure.

**Table 1: Summary of Representative Metrics to Assess Promotion to the Rank of Associate Professor with Tenure.**

<b>Peer-review publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service and National Role</b>
25-30 peer reviewed publications with mean impact factor of the top 5 publications > the median of ObGyn and sub-specialty journal rank list, or an h- factor that exceeds the 35th percentile of the h-factors of the Department's tenured professors. As a general guideline, 25 or more peer reviewed publications since appointment as an assistant professor at OSU.	PI or multiple-PD/PI on 1 funded R01 (or equivalent) that has been renewed, or combination of a current or prior R01 and either a second R01 or an additional funded national grant; or patents generating licensing income; or industry or foundation-supported grants for clinicians	Positive lecture / teaching evaluations from national audience; or K- award or similar awards Indicating mentorship teaching awards;	University committees and Leadership roles in professional societies and/or multiple Ad hoc or NIH study section membership; and/or service as a journal reviewer or on editorial boards.

The following section of the College Document is especially relevant to the Department of Obstetrics and Gynecology:

For clinicians seeking tenure, accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. For example

- A 25 to 50% clinical commitment might reduce the required number of publications and H index by 25% or more.
- Publication in specialized clinical journals would reduce the impact factor requirement.
- However, evidence of at least co-investigator status in one of the grant categories

listed above is a prerequisite to tenure.

- For clinicians with a greater than 50% clinical commitment, there should be evidence of co-investigator status in one of the grant categories listed above as a prerequisite to tenure and/or a strong publication record (i.e.,  $\geq 50$  peer review publications) coupled with clear evidence of a national reputation for clinical excellence and innovation.
- Similar accommodations can be made on the basis of educational commitments.

## **B. ASSOCIATE PROFESSOR IN ADVANCE OF TENURE**

Promotion to Associate Professor without Tenure is available to faculty members with 11-year probationary periods. The criteria for promotion will require a level and pattern of achievement that demonstrates that the candidate is making significant progress toward tenure, but has not yet achieved all the requisite criteria for promotion with tenure. It is expected that promotion to Associate Professor without tenure will be common in the in the College of Medicine among scholars with clinical roles prior to completion of the 11-year probationary period. A Department may propose a faculty member for promotion consideration (in advance of tenure) in cases where a faculty member is making progress but has not achieved the necessary requirements for tenure. In addition faculty committees (at the Department or College) or administrators (Chair or Dean) may determine that a faculty member's accomplishments do not merit tenure and may recommend promotion without tenure even if a faculty member has requested promotion with tenure. Promotion without tenure may only occur if a candidate is not in the mandatory review year. If a clinician candidate is promoted without tenure, the tenure review must occur within six years, and no later than the mandatory review year, whichever comes first.

Scholarship: Qualitative indicators consistent with promotion in advance of tenure might include an advancing 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. An example might be clear evidence of escalating productivity indicating acquisition of momentum that will propel the candidate toward the sustained record of productivity required for promotion. 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. 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, as co-investigator on several NIH projects, as PI on local extramural grants, or as local principal investigator for multi-center clinical trials and/or commercialization may also meet the requirement of extramural funding (moved from the promotion w/tenure section). Evidence of an emerging national recognition might include invitations to lecture at statewide or regional institutions or scientific meetings. 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.

Teaching and Mentoring: Indicators of teaching consistent with promotion without 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.

Service: Indicators of service consistent with promotion in advance of tenure might include an insufficient volume of outstanding service; or service as a member or chair of committees within the Department or College, but the absence of significant service roles at the national level. This might also include activities as an ad hoc reviewer for journals, or service on the advisory board for local organizations.

Table 2 below provides a summary of expected benchmarks for promotion to associate professor without tenure.

**Table 2: Summary of representative metrics used to assess suitability for promotion to the rank of Associate Professor in advance of tenure.**

Peer-review publications	Grants and Patents	Teaching	Service and National Role
10- 25 peer reviewed publications with mean impact factor of the top 3 publications > the median of ObGyn and sub-specialty journal rank list, or an h-factor that exceeds the 25th percentile of the h- factors of the Department’s tenured professors. As a general guideline, 15 or more peer reviewed publications since appointment as an assistant professor at OSU.	PI on an R21, R03 or co-investigator on a R01 plus PI status on a major national grant; or PI status on multiple national or Pharma grants; or patent/inventorship; or an unfunded NIH R01 with a score between the 10th and 18 <sup>th</sup> percentile for a new investigator, until average pay lines exceed 18 <sup>th</sup> ile.	Teaching awards; and Consistently positive evaluations or positive lecture evaluations from national audience.	University committees plus: Leadership role in professional society or Ad hoc NIH study section membership or committee work for national society.

For clinicians seeking promotion without tenure substantial accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. However, for clinicians with 25 to 50% clinical activity evidence of at least co-investigator status in one of the grant categories listed above is a prerequisite. For clinicians with > 50% clinical activity a strong publication record (i.e., ≥ 25 peer review publications) with emerging national reputation may be sufficient for promotion. Similar accommodations can be made on the basis of educational commitments.

### C. PROMOTION TO PROFESSOR

Promotion to the rank of Professor with tenure must be based upon convincing evidence that the candidate has a sustained, eminent record of achievement recognized nationally and internationally. The general criteria for promotion in scholarship, teaching and service

require more advanced and sustained quantity and quality 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.

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 (see table 3). For example, an H-score above the 50th percentile of professors of obstetrics and gynecology nationally, and/or more than 50 peer-review publications with an average impact factor that is above the 50th percentile for the Department list of publications, or at least 10 publications in journals that have an impact factor above the 75th percentile on the Department list. Candidates for promotion to professor should ideally have 25-35 peer-reviewed publications since their promotion to associate professor. Clear evidence of an international reputation including: election to a leadership position in an 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. Candidates for promotion will be expected to have developed and maintained nationally competitive and peer reviewed extramural funding to support their research program including sustained NIH funding.

- At a minimum, basic science candidates for promotion to professor must be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH awards.
- For clinician scientists seeking promotion to professor accommodation, e.g., sustained funding from non-federal sources, including commercialization, that results in publication, should be made in their grant requirements based on their clinical duties.

Teaching and Mentoring: A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. Evidence for exemplary teaching includes outstanding student and 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.

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

Service: Promotion to the rank of Professor requires service with distinction to the COM, OSU, and in national and international professional societies. Service can include leadership roles on OSU committees, 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.

**Table 3: Summary of representative metrics used to assess suitability for promotion the rank of Professor with tenure.**

<b>Peer-review publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service and National Role</b>
50+ peer reviewed publications with mean impact factor of the top 10 publications above the 75th centile of ObGyn or sub-specialty journal rank list, or an h-factor $\geq$ the 50th percentile of h- factors of tenured professors in the Department. Ideally $\geq$ 25 peer-reviewed journal papers since promotion to associate professor.	Sustained federal funding > 5 years <u>plus</u> a) second significant national grant <u>or</u> b) a second or more simultaneous R01 or equivalent grant (e.g., project on a P01 or U54 project); <u>or</u> c) two or more patents yielding licensing income.	Teaching awards; consistently positive teaching evaluations or positive lecture evaluations from national audience; T32 or K-award mentorship.	University committees plus: Leadership role in national or international society, regular NIH study section membership or federal panel or committee work; Journal editor or editorial board.

For clinicians seeking promotion to professor with tenure, accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. However, for those with 25 to 50% clinical effort evidence of at least co- investigator status in one of the grant categories listed above is a prerequisite to tenure. For clinicians with a greater than 50% clinical commitment there should be either evidence of co-investigator status in one of the grant categories listed above and/or strong publication record coupled with international recognition of clinical excellence. Similar accommodations can be made on the basis of educational commitments.

## 2. PROMOTION OF CLINICAL FACULTY

Clinical faculty members have a greater responsibility for clinical teaching and patient care than individuals in the Tenure-track. Clinical faculty members are not eligible for tenure. The criteria in the categories of teaching and service are, for the most part, similar to those for the Tenure-track for each faculty rank, although there is greater emphasis on teaching, service and patient care, and less emphasis on traditional scholarship.

Clinical Faculty members may continue their service to the Department and the University without ever seeking promotion to the next higher faculty rank, simply through repeated reappointment at the same level. However, the goals and objectives of the College and the

University are best served when all faculty members strive for continued improvement in all academic areas as measured by meeting or exceeding the requirements for promotion to the next faculty rank.

The awarding of promotion to the rank of Associate Professor for Clinical faculty is based upon convincing evidence that the candidate has developed a national level of prominence and recognition since being appointed to the rank of Assistant Professor. Faculty members on clinical appointments in the Department typically pursue careers characterized by contributions to education, research, service, and patient care in one or more areas of emphasis that lead to local, regional and ultimately national recognition. Because careers in Obstetrics and Gynecology follow many paths toward improved reproductive health for women, from genetics to endocrinology, oncology, fertility, and pregnancy, the definition of “national recognition” in this Department takes many forms, unified by evidence of participation and contributions at a national level.

#### **A. ASSOCIATE PROFESSOR, CLINICIAN SCHOLAR / EDUCATOR PATHWAY**

Appointment or promotion to the rank of Associate Professor on the Clinician Scholar / Educator Pathway is based upon clear and convincing evidence that the candidate has developed a national level of prominence and recognition as a clinician scientist or educator since being appointed as an Assistant Professor.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated primarily by consistently positive evaluations by students, residents, fellows, local colleagues and national peers. Student and resident teaching evaluations are the most important teaching metrics in the Department of Obstetrics and Gynecology. Awards for teaching are also highly valued to demonstrate teaching excellence. Candidates should provide evidence of significant contributions to teaching and training programs, such as curriculum innovation, new teaching modalities, methods of teaching evaluation, and program or course development. Development of innovative programs that integrate teaching, research and patient care are particularly valued. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs are highly valued as a teaching and mentoring activity. This includes didactic reaching and mentoring residents and fellows on research projects. Evidence of successful mentorship includes presentation and publication of mentored projects, and future academic success by mentees (eg, publications, funding, administrative positions).

Scholarship: The candidate should demonstrate contributions to scholarship as reflected by contributing authorship of 10 or more peer-reviewed journal publications, scholarly review articles, practice guidelines, journal editorials and reviews, and/or book chapters.

Publications may be focused on:

- a) Educational advances in pedagogic theory, innovative teaching techniques, skills laboratories, or development of web-based or video-teaching modules,
- b) Clinical quality improvement projects such as those promoted by JCAHO, Leapfrog Group, or the Institute for Healthcare Improvement, or
- c) Participation in basic, translational or clinical research projects.
- d) Public health guidelines and reviews, webinars and web-based grand rounds

Collaborative, multidisciplinary research and team science are all highly valued, recognizing the importance of “middle” authorship, as long as the faculty member’s unique contribution can be discerned and is described in the narrative sections of the candidate’s dossier.

In the Department of Obstetrics and Gynecology, valuable contributions to clinical research trials may be made by clinical faculty who participate in efforts to design, adapt and/or integrate clinical trials into local care patterns, promote recruitment of subjects into observational and interventional studies, and/or contribute to authorship or review of research reports arising from such studies. These efforts serve the educational and research missions of the Department and the College, and thus should be recognized as meeting criteria for middle authorship.

Strong evidence to support promotion may include acquisition of external funding to support scholarship, a record of being co-investigators in foundation, industry or NIH studies, or leaders of quality improvement projects, or entrepreneurship and inventor-ship as described in Section VII [Criteria for promotion to Associate Professor with tenure] above.

Service: Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include membership on Department, College, hospital, or University committees, or mentoring activities. Service in some form is expected from all faculty members in the Department, and should be documented as sustained and focused on areas of educational, clinical, and scholarly activity.

For faculty in the Department of Obstetrics and Gynecology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to Associate Professor on the Clinician Scholar / Educator Pathway in the areas of teaching, research and service:

Teaching (M.D., D.O. or equivalent)

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

1. Consistently high-level evaluations of teaching performance by students, residents, peers.
2. Divisional or Departmental teaching awards as voted by medical students and/or residents at Ohio State.
3. Participation in the development of new educational programs for teaching students or residents at Ohio State.
4. Local leader of a nationally funded or multi-institutional educational project.
5. Participation in the publication of material of a scientific or instructional nature or evidence of production of other forms of teaching material (e.g. videotape, computer programs, etc.).
6. Participation in teaching for local, regional and national professional organizations with high level lecture evaluations from national audiences
7. Participation in the development of educational materials or clinical materials for local, regional and national professional organizations.

Appointment or promotion as Associate Professor on the Clinician Scholar / Educator Pathway requires documentation of at least three of these accomplishments, including #1 or #2, and # 3 or #4, and #5 or #6, or #7.

Research and Scholarship (M.D., D.O or equivalent; PhD)

1. Publications in peer-reviewed journals. As a general guideline, appointment or promotion is supported by 10 peer reviewed publications of which the top 5 have a mean impact factor at the median (50th%tile) of obstetrics and gynecology specialty and subspecialty journals (Appendix 1 and 2) scholarly review articles, and/or web based or video teaching modules since being appointed as assistant professor at OSU.
2. Presentations of scholarly work at local, regional, national and international meetings. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.).
3. Local lead investigator of an educational grant, a multi-institutional educational program, or quality improvement project.
4. Contributions to the design, adaptation and/or integration of clinical trials into local care patterns, recruitment of subjects into research studies, and/or contributions as an author or reviewer of research manuscripts and reports.
5. Authorship of government-, agency- or foundation commissioned or supported reports, reviews, white papers, or chapters.
6. Participation as an investigator or co-investigator on at least one clinical trial or nationally funded grant unless the candidate has 25 or more publications and evidence of a national reputation.

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

Service (M.D., D.O. or equivalent)

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

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

(To reach the associate professor level, the faculty member is expected to achieve

accomplishments #1, #2 (if applicable) #3, #4, #5, #8, and #9.)

**Table 4: Merged Summary of representative metrics used to assess suitability for promotion to Associate Professor in the Clinical appointment, -Clinician Scholar/Educator Pathway.**

Peer-review publications	Grants and Patents	Teaching	Service
As a general guideline, 10 peer reviewed publications with mean impact factor of the top 5 publications at the median of ObGyn and sub-specialty journal rank list, scholarly review articles, book chapters, invited articles and/or web based or video teaching modules since being appointed as assistant professor at OSU.	Participation as an investigator or co-investigator on at least one clinical trial or other nationally funded grant Local leader or co- investigator of at least one educational grant or multi- institutional educational project or participation as the lead in new OSU educational programs unless > 25 peer publications and national reputation are evident	Excellent Evaluations; Positive lecture evaluations from national audience; Teaching awards	University committees; Committee work in professional organization; Director or Co-director of a Divisional or Departmental educational program; Lead of an OSU, local or regional quality improvement project.

**B. PROFESSOR, CLINICIAN SCHOLAR / EDUCATOR PATHWAY**

Appointment or promotion to the rank of Professor on the Clinician Scholar / Educator Pathway is based upon clear and convincing evidence that the candidate has developed a national level of leadership or international recognition as a clinician scientist or educator since being appointed as an Associate Professor. The Department places emphasis on a career path that has a clear focus, in which the candidate for promotion to Professor has achieved prominence in at least 3 of the 4 areas of activity (clinical care, teaching, service, and scholarship/entrepreneurship).

Teaching and Mentoring: A record of sustained teaching excellence as an Associate Professor must continue to justify promotion to Professor on the Clinician Scholar/Educator pathway in the Department. The faculty member should have made significant contributions to the teaching mission as an Associate Professor. Positive evaluations by students, residents, fellows, and teaching honors support this level of teaching excellence. Candidates should demonstrate their contributions to curriculum innovation, teaching modalities and program or course development.

Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued. Effective mentorship of junior faculty also demonstrates teaching excellence. This should take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates should document mentoring relationships by providing mentees' evaluations.

Service: Promotion to the rank of Professor requires service with distinction to the College of Medicine, OSU, and in a national context. The faculty member should have made significant service contributions as an Associate Professor. Candidates who led development of innovative clinical or clinical research programs that received national recognition, or who were elected or named to lead learned academic educational or professional societies will be reviewed favorably.

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in clinical trials. See Table 5. Faculty members on this should ideally have been co-investigators on multiple NIH, Pharma, or major national clinical trials. Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VII.A. and will be viewed most favorably.

**Table 5: Summary of representative metrics used to assess suitability for promotion to Professor in the Clinical appointment, -Clinician Scholar/Educator Pathway.**

Peer-review	Grants and	Teaching	Service
As a general guideline, 20 peer reviewed publications with mean impact factor of the top 10 publications above the 50th percentile of ObGyn and sub- specialty journal rank list, scholarly review articles, book chapters, invited articles and/or web based or video teaching modules since being appointed as associate professor at OSU.	Participation as an investigator or co-investigator on at least one clinical trial or other nationally funded grant Local leader or co-investigator of at least one educational grant or multi- institutional educational project or participation as the lead in new OSU educational programs unless > 35 peer publications and national reputation are evident	Excellent Evaluations; Positive lecture evaluations from OSU students, residents, and national audience; Teaching awards	University committees; Committee work in professional organization; Director or Co-director of a Divisional or Departmental educational program; Lead of an OSU, local or regional quality improvement project.

### **3. Promotion of Clinical Excellence Pathway Faculty**

#### **A. Associate Professor on the Clinical Excellence Pathway**

Patient care and the scholarship of practice are the overwhelming areas of emphasis for individuals with heavy clinical responsibility. Promotion to the rank of Associate Professor on the Clinical Excellence Pathway for individuals without national recognition is based in the Department of Obstetrics and Gynecology upon clear and convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual faculty member's scope or sphere of influence. Promotion is not granted on the basis of length of service to the Department or institution or on satisfactory job performance.

Important measures of Clinical Excellence include evidence that the faculty member has contributed to a change in the scope and the nature of practice in their own discipline, or has developed new and innovative approaches to the clinical management of challenging clinical problems. A faculty member who appears to qualify for this special circumstance should have consistently supportive annual evaluations and a more detailed review for reappointment in the penultimate year of contract.

For the Department of Obstetrics and Gynecology, the following specific accomplishments will characterize faculty worthy of promotion to Associate Professor on the Clinical Excellence Pathway in the areas of teaching, research and service:

Teaching (M.D., D.O.) Evidence of persistent commitment and engagement in teaching and ongoing development of teaching abilities, as reflected by:

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

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

Research and Scholarship (M.D., D.O.;

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

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

Service (M.D., D.O. or equivalent)

Evidence of commitment to the provision of service to the institution, the community

or the profession, as reflected by:

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Evidence of a high-level of clinical competence as demonstrated by patient mortality less than expected, 95% compliance with specialty specific process measures such as appropriate perioperative antibiotics, thromboembolism prophylaxis etc.
5. Clinical productivity as determined by the Department Chair.
6. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds.
7. Other meritorious community service activities.
8. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
9. Evidence of clinical excellence:
  - a) Patients from outside our primary service area regularly are referred specifically to, or seek care from the faculty member
  - b) Evidence that a faculty member is regularly consulted by physicians from outside our primary service area
  - c) Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member
  - d) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.
  - e) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
  - f) Evidence that the faculty member regularly participates as an instructor in regional or national courses or seminars.
  - g) Selection for Best Doctors lists.

To reach the associate professor level, the faculty member is expected to achieve accomplishments in eight areas including #1, #2 (if applicable), #3, #4, #5, #6, #7, #8 and 3 of 7 sub-points in #9)

Other meritorious community service activities are encouraged and taken into account for service.

### **B. Professor on the Clinical Excellence Pathway**

Promotion to the rank of Professor on the Clinical Excellence Pathway must be

based upon clear and convincing evidence that that the candidate's work has had national impact and consistent recognition for clinical excellence and innovation since being appointed to the rank of Associate Professor. For promotion to Professor the candidate should have a high level of national reputation including referrals for clinical service, or involvement in national programs or specialty associations. Metrics should include consistent rankings among the Nation's elite in the Castle and Connelly or U.S. News Physicians Survey or similar (Best Doctors, Inc.) or clear evidence that they receive patient referrals from throughout the State of Ohio or national awards for clinical excellence and innovation are clear indicators of achievement.

For the Department of Obstetrics and Gynecology, the following specific accomplishments characterize faculty eligible for promotion to Professor on the Clinical Excellence Pathway in the areas of teaching, research and service:

Teaching (M.D., D.O. or equivalent)

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

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

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

Research and Scholarship (M.D., D.O or equivalent):

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

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

Service (M.D., D.O. or equivalent)

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Evidence of a high-level of clinical competence as demonstrated by patient mortality below expected, 95% compliance with specialty specific process measures such as appropriate perioperative antibiotics, thromboembolism prophylaxis etc. since promoted to associate professor
5. Evidence of a high level of patient service as demonstrated by patient satisfaction scores at or above the 90th percentile since promoted to

associate professor

6. Clinical productivity as measured by work RVUs according to benchmarks at the 75th percentile or above since promoted to associate professor with full recovery of salary, retirement and benefits from clinical work.
7. Recognition in the Castle and Connelly or U.S. News Physicians Survey or similar (Best Doctors, Inc.) etc. or clear evidence that they receive patient referrals from throughout the State of Ohio or national awards for clinical excellence and innovation are clear indicators of achievement. ( see #11)
8. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds
9. Other meritorious community service activities
10. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
11. Evidence of national reputation of clinical excellence:
  - a) Patients from outside our primary service area regularly are referred specifically to, or seek care from the faculty member
  - b) Evidence that a faculty member is regularly consulted by physicians from outside our primary service area
  - c) Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member
  - d) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.
  - e) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
  - f) Evidence that the faculty member regularly participates as an instructor in regional or national courses or seminars.
  - g) Selection for Best Doctors lists.

To reach the professor level, the faculty member is expected to achieve accomplishments in nine areas including #1, #2 (if applicable), #3, #4, #5, #6, #7, #8, #10 and 5 of 7 sub points in #11.

#### **4. PROMOTION OF RESEARCH FACULTY**

For Research faculty, the criteria for promotion focus principally on the category of research, and the standards are comparable to those used for the Tenure-track for each faculty rank.

## A. RESEARCH ASSOCIATE PROFESSOR

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

The development of a competitive, innovative and distinctive program of scholarship is also evidenced by acquisition of peer-reviewed, nationally competitive extramural support as a PI or multiple-PD/PI or as co-investigator on several awards. Similarly, status as core director in a program grant is an acceptable criterion for extramural funding.

Although funding by the NIH is highly desirable, it is not required for promotion. Other nationally competitive, peer reviewed funding, including support from national charitable foundations (e.g., American Heart Association or American Cancer Society), industry, or federal entities such as the CDC and the NSF will satisfy the criterion for nationally competitive peer reviewed funding should evidence exist for a sustained record of funding from these types of agencies. Faculty members are encouraged to collaborate with other investigators and may therefore meet the requirement for extramural support for their research as a co-investigator on NIH awards, or other comparable roles on awards from private foundations. Funding through pharmaceutical or instrumentation companies for investigator-initiated proposals, or as local principal investigator for multi-center trials also meets the requirement of extramural funding. Similarly, faculty members who generate support for their research programs through their contribution to the creation of patents with associated license-derived income or spin-off companies also meet the criteria for extramural funding. It is expected that the successful candidate will have a sustained record of 95% salary recovery from extramural sources.

Specific metrics in support of excellence in scholarship may be discipline-specific. Therefore, each Department will define in their formal Appointments, Promotion and Tenure document, an acceptable range of scholarly productivity, and must explicitly balance qualitative and quantitative accomplishments to guide promotion and tenure decisions.

Examples of discipline specific considerations include publications in highly specialized journals that may have high impact in the field, but a relatively low

overall impact factor and citation index. In addition, levels of productivity in disciplines may vary substantially and this variation must be appropriately acknowledged.

Overall, the number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. Publication as at least a co-author in the field's highest impact factor journals is an important variable that converges with other factors such as the extent of external funding, invited lectures, invited manuscripts, editorial boards, peer-review panels, and external letters of evaluation in the decision to promote. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.

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

## **B. RESEARCH PROFESSOR**

The awarding of promotion to the rank of Research Professor must be based upon convincing evidence that the candidate has developed a national leadership role or an international level of impact and recognition.

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

## **B. PROMOTION AND TENURE, AND PROMOTION REVIEW: PROCEDURES**

The Department of Obstetrics and Gynecology describes in detail the procedures for promotion and tenure, and promotion reviews, as part of its Appointments, Promotion and Tenure document. These procedures must be fully consistent with those set forth in University Rule [3335-6-04](#) and with the Office of Academic Affairs annually updated procedural guidelines for promotion and tenure reviews found in Volume 3 of the [Policies and Procedures Handbook](#). The basic requirements for promotion and tenure reviews are outlined in the following paragraphs.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised, balancing (where appropriate) heavier commitments and responsibilities in one area of performance against lighter commitments and responsibilities in another. As the College enters new fields of endeavor, including interdisciplinary involvement, and places new emphases 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 College of Medicine is comprised of a wide array of professional disciplines. Care must be taken to apply the criteria for appointment and promotion with sufficient flexibility. In all instances, superior intellectual attainment, in accordance with the criteria set forth, is an essential qualification for appointment and promotion to all faculty positions. Insistence upon this standard for continuing members of the faculty is necessary for the maintenance and enhancement of the University as an institution dedicated to the discovery and transmission of knowledge.

### **1. CANDIDATE RESPONSIBILITIES**

The responsibilities of the candidate are as follows:

- To submit a complete, accurate dossier fully consistent with Office of Academic Affairs guidelines. 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.
- To submit a copy of the APT under which the candidate wishes to be reviewed. Candidates may submit the department's current APT document; or, alternatively, 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, whichever of these two latter documents is the more recent. However, 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. The APT document must be submitted when the dossier is

submitted to the department.

- To review the list of potential external evaluators developed by the Department Chair and the Promotion and Tenure Committee. The candidate may add no more than three additional names, but is not required to do so. The candidate may request the removal of no more than two names, providing the reasons for the request. The Department Chair decides whether removal is justified. (Also see External Evaluations below.)

## **2. PROMOTION AND TENURE COMMITTEE RESPONSIBILITIES**

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

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually, in spring semester, requests from faculty members seeking a non- mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only professors on the committee may consider promotion review requests to the rank of professor. A simple majority of those eligible to vote on a request must vote affirmatively for the review to proceed.
- The committee bases its decision on assessment of the record as presented in the faculty member's CV and on a determination of the availability of all required documentation for a full review (student and peer evaluations of teaching). Lack of the required documentation is necessary and sufficient grounds on which to deny a non-mandatory review.
- A tenured or non-probationary faculty member may only be denied a formal promotion review under Faculty Rule [3335-6-04](#) for one year. 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.
- A decision by the committee to permit a review to take place in no way commits the eligible faculty, the Department Chair, or any other party to the review to making a positive recommendation during the review itself.
- Annually, in late spring through early autumn semester, to provide administrative support for the promotion and tenure review process as described below.
  - Late Spring: Select from among its members a Procedures Oversight Designee who will serve in this role for the following year. The Procedures Oversight Designee cannot be the same individual who

chairs the committee. The Procedures Oversight Designee's responsibilities are described in [Volume 3](#) of the Office of Academic Affairs Policies and Procedures Handbook.

- **Late Spring:** Suggest names of external evaluators to the Department Chair.
- **Summer:** Gather internal evidence of the quality of the candidate's teaching, scholarship, and service from students and peers, as appropriate, within the Department.
- **Early Autumn:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with Office of Academic Affairs requirements; and work with candidates to assure that needed revisions are made in the dossier before the formal review process begins.
- Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on their dossier. This meeting is not an occasion to debate the candidate's record.
- To make adequate copies of each candidate's dossier available in an accessible place for review by the eligible faculty at least two weeks before the meeting at which specific cases are to be discussed and voted.
- Draft an analysis of the candidate's performance in teaching, scholarship and service to provide to the full eligible faculty with the dossier; and seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.
- Revise the draft analysis of each case following the faculty meeting, to include the faculty vote and a summary of the faculty perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the Department Chair.
- Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier.
- Provide a written evaluation and recommendation to the Department Chair in the case of joint appointees whose tenure-initiating unit is another Department. The full eligible faculty does not vote on these cases since the Department's recommendation must be provided to the other tenure-initiating unit substantially earlier than the committee begins meeting on this Department's cases.

### 3. ELIGIBLE FACULTY RESPONSIBILITIES

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

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

#### **4. DEPARTMENT CHAIR RESPONSIBILITIES**

The responsibilities of the Department Chair are as follows:

- 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. 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.
  - Late Spring Semester: To solicit external evaluations from a list including names suggested by the Promotion and Tenure Committee, the chair and the candidate. (Also see External Evaluations below.)
  - To solicit an evaluation from a TIU head of any Department with which the candidate has a joint appointment.
  - To remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.
  - To provide an independent written evaluation and recommendation for each candidate, following receipt of the eligible faculty's completed evaluation and recommendation.
  - To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
  - To inform each candidate in writing after completion of the Department review process:
    - of the recommendations by the eligible faculty and Department Chair
    - of the availability for review of the written evaluations by the eligible faculty and Department Chair
    - Of the opportunity to submit written comments on the above material,

within ten days from receipt of the letter from the Department Chair, for inclusion in the dossier.

- To provide a written response to any candidate comments that warrants response for inclusion in the dossier.
- To forward the completed dossier to the College office by that office's deadline, except in the case of Associated Faculty for whom the Department Chair recommends against promotion. A negative recommendation by the Department Chair is final in such cases.
- To write an evaluation and recommendation to the Department Chair of a tenure initiating unit recommending promotion for a joint appointee by the date requested.

## 5. EXTERNAL EVALUATIONS

External evaluations are obtained for all promotion and/or tenure reviews. As described above, a list of potential evaluators is assembled by the Promotion and Tenure Committee, the Department Chair, and the candidate. If the evaluators suggested by the candidate meet the criteria for credibility, a letter is requested from at least one of those persons. Faculty Rule [3335-6-04](#) requires that no more than half the external evaluation letters in the dossier be written by persons suggested by the candidate.

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

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

Since the Department cannot control who agrees to write and or the usefulness of the letters received, at least twice as many letters should be sought as are required, and they should be solicited no later than the end of the spring semester prior to the review

year. This timing allows additional letters to be requested should fewer than five useful letters result from the first round of requests.

Any potential reviewer who declines to write a letter of evaluation must be included in the Department's report of non-responding evaluators.

Templates for the solicitation of external letters of evaluation for faculty in the College of Medicine may be found [here](#).

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

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

## **C. DOCUMENTATION**

Faculty members preparing their dossiers for promotion and/or tenure review should consult [Volume 3](#) of OAA's Policies and Procedures Handbook to ensure that all required documentation is included. Additionally, it is highly recommended that faculty members consult the college's Dossier Standardization Guidelines for information about how and where to enter information into the core dossier in alignment with college objectives.

The following paragraphs provide suggested standards for documenting excellence in Teaching, Research and Scholarship, and Service. Additional standards are included in appendices attached to this document, the specific descriptions of initial appointments, and in the outlined criteria for promotion in other sections of this document.

### **1. TEACHING**

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

All Tenure-track and Clinical faculty members in the College of Medicine 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's Office of Medical Education can provide assistance with appropriate documentation and assessment tools to be used in evaluation of teaching.

The Department of Obstetrics and Gynecology specifically establishes in its Appointments, Promotion and Tenure document, how evidence of a faculty member's quality and effectiveness as a teacher will be documented and assessed. Evidence for effective teaching may be collected from multiple different sources including students, peers, self-evaluation 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. Each Department must establish a consistent methodology and assessment tool for teacher evaluation by students in specific types of instructional settings. Importantly, administration of an assessment tool must not be under the control of the faculty member being evaluated. Faculty members may supplement the required assessment tool with others if they wish. Students must be provided an opportunity to assess the instructor and course using the required assessment tool in every regular classroom course. Guidelines must be established for the frequency with which required assessment tools should be administered in other types of instructional settings such as outpatient clinics, inpatient services, and the operating room. Regardless of the instructional setting, effort should be 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.

Typically documentation of teaching for the promotion dossier will include, for the time period since the last promotion or the last five years, whichever is less:

- cumulative SEI reports (Student Evaluation of Instruction computer-generated summaries prepared by the Office of the University Registrar) for every formal class
- MedStar evaluations
- peer evaluation of teaching reports as required by the Department's peer evaluation of teaching program (details provided in the Appendix to this document)
- teaching activities as listed in the core dossier including:
  - involvement in graduate/professional exams, theses, and dissertations, and undergraduate research
  - mentoring postdoctoral scholars and researchers
  - extension and continuing education instruction
  - involvement in curriculum development

- awards and formal recognition of teaching
- presentations on pedagogy and teaching at national and international conferences
- adoption of teaching materials at other colleges or universities
- other relevant documentation of teaching as appropriate

Peer evaluation is required on a recurring basis for all faculty members. Peer evaluations may include internal, and/or external review of classroom instruction, clinical teaching and course materials such as syllabi, examinations and instructional materials including textbooks. Assessment by observation of classroom and clinical teaching is most useful when done systematically over time and conducted with the specific goal of offering constructive suggestions.

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

## **2. SCHOLARSHIP**

Scholarship is broadly defined as the discovery and dissemination of new knowledge by research, study and learning. In the College of Medicine, a faculty member's scholarship must be demonstrated to be of high quality, significance and impact. The Department of Obstetrics and Gynecology Appointments, Promotion and Tenure document specifically establishes how the evidence of a faculty member's scholarship will be documented and assessed in terms of quality and significance.

All tenure-track, clinical, and research faculty members must develop a record of scholarship that is documented by a body of original scholarly work over a period of time. The evidence for scholarship must refer to original, substantive works that are documented achievements. Recognition of the scholarly work must also be external to the University, residing in the scientific communities apropos to the faculty member's field of scholarship.

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. The Department of

Obstetrics and Gynecology encourages innovative ways of defining and measuring scholarship unique to its specific discipline. This may include for example development of new devices.

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, and so forth.

### **3. 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 College of Medicine, a candidate's service contributions must be demonstrated to be of high quality and effectiveness. All Tenure-track and Clinical faculty members must contribute to service as evidenced by documentation of contributions over a sustained period of time.

The Department's Appointments, Promotion and Tenure document must specifically establish how the evidence of a candidate's service will be documented and assessed in terms of quality and effectiveness.

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 if desired 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; 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. While provision of high-quality patient care is expected of all faculty members with clinical responsibilities, in and of itself it is insufficient for meeting the service requirement for Tenure-track and Clinical faculty.

## **VIII. APPEALS**

Faculty Rule [3335-6-05](#) sets forth general criteria for appeals of negative promotion and tenure decisions. Appeals alleging improper evaluation are described in Faculty Rule [3335- 5-05](#).

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

## IX. REVIEWS IN THE FINAL YEAR OF PROBATION

In most instances, a decision to deny promotion and tenure in the penultimate probationary year (11th year for faculty members with clinical responsibilities, 6th year for those without clinical responsibilities) is considered final. However, in rare instances in which there is substantial new information regarding the candidate's performance that is relevant to the reasons for the original negative decision, a seventh (or twelfth) year review may be conducted. The request for this review must come from the eligible faculty and the head of the Department, and may not come from the faculty member himself/herself. Details of the criteria and procedures for a review in the final year of probation are described in University Rule [3335-6-05](#) (B).

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

## X. APPENDICES

### A. GLOSSARY OF TERMS

**Adjunct Faculty** – 0% FTE, non-salaried, non-clinical associated faculty that participate in the education and training of medical students. (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 Department Chair or Dean regarding the viability of candidates for appointment, promotion and/or tenure.

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

**Associated** – faculty that are not appointed on the tenure track or as clinical or research faculty. These faculty fall into many sub-categories. (See also Clinical Associated Faculty, Adjunct Faculty, full-time Paid Associated)

**Clinical Associated Faculty** – 0% FTE community physicians that participate in the education and training of medical students and residents. (see also Full-time Paid Associated Faculty)

**Clinical faculty** – the faculty for physicians who primarily engage in clinical teaching and practice.

**Courtesy Appointment** – a no salary associated appointment for a faculty member from another academic Department within the University. The title associated with the no salary appointment is always the same as the position.

**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.

**Exclusion of Time** – the ability to have up to three years taken off the time clock toward achieving tenure

**Faculty designations** – the College of Medicine has Tenure-track, Clinical, Research, and the 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.

**Full-time Paid Associated Faculty** – 50-100% FTE physicians working within (and being paid solely by) the OSU Health System. (see also Clinical Associated Faculty)

**Joint Appointment** – when a faculty member's FTE (and salary support) is split between one or more academic Departments it is considered to be a joint appointment. (see also Courtesy Appointment)

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

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

**Non-mandatory review** – voluntary promotion or tenure review

**OAA** – Office of Academic Affairs

**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 review dates

**Prior Service Credit** – Application of years of service at the University in one rank can be applied to another rank when a faculty member transfers or is promoted. Prior service credit is not allowed for 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 (6 years for faculty without clinical service, 11 years for faculty with significant patient clinical service responsibilities). It is also defined as the first contract for Clinical or Research faculty.

**Reappointment Review** – the review of a Clinical faculty member in the penultimate year of their contract to determine if the contract will be renewed.

**Research** – the faculty for basic scientists who engage exclusively in research-based scholarship.

**SEI** – Student Evaluation of Instruction

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

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

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

**VITA** – the University’s online dossier and CV creation tool (see <https://osu.researchinview.thomsonreuters.com/>)

## **B. TENURE INITIATING UNITS IN THE COLLEGE OF MEDICINE**

Appointments and promotion and tenure actions may only be originated by a faculty member’s Tenure Initiating Unit (TIU). These are the academic Departments in the

College of Medicine. The School of Health and Rehabilitation Sciences is also a Tenure Initiating Unit. Divisions are not TIUs. Neither are Centers or Institutes, i.e. the Davis Heart and Lung Research Institute, the Comprehensive Cancer Center, or the Center for Microbial Interface Biology.

Below is the list of all of the Tenure Initiating Units in the College of Medicine with their Org numbers. Basic Science Departments are indicated by an asterisk:

Anesthesiology (25110)  
Biological Chemistry and  
Pharmacology Biomedical  
Education and Anatomy  
Biomedical Informatics\*  
(25100) Cancer Biology and  
Genetics Emergency Medicine  
(25120)  
Family Medicine (25130)  
Health and Rehabilitation Sciences, School of  
(25040) Internal Medicine (25250)  
Microbial Infection and Immunity\* (25170)  
Neurology (25280)  
Neurological Surgery (25290)  
Neuroscience\* (25320)  
Obstetrics and Gynecology (25350)  
Ophthalmology and Visual Science (25400)  
Orthopedics (25430)  
Otolaryngology (25450)  
Pathology (25500)  
Pediatrics (25550)  
Physical Medicine and Rehabilitation (25650)  
Physiology and Cell Biology\* (25750)  
Plastic Surgery (25940)  
Psychiatry and Behavioral Health (25850)  
Radiation Oncology (25890)  
Radiology (25900)  
Surgery (25950)  
Urology (25970)

### **C. PEER EVALUATION OF TEACHING**

The Department Chair oversees the Department's peer evaluation of teaching process.

The suggested process for ensuring that all faculty members annually receive peer evaluation is: annually the Department Chair appoints a Peer Review of Teaching Committee. The term of service is one year, with reappointment possible.

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

- to review the teaching of probationary tenure-track and probationary clinical faculty at least twice per year.
- to review the teaching of tenured associate professors and non-probationary associate professors on the clinical at least once per year.
- to review the teaching of tenured professors and non-probationary clinical professors at least once every four years.
- To review, upon the Department Chair's request, the teaching of any faculty member not currently scheduled for review. Such reviews are normally triggered by low or declining student evaluations or other evidence of the need for providing assistance in improving teaching.
- To review the teaching of a faculty member not currently scheduled for review, upon that individual's request, to the extent that time permits.

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

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

#### **D. AAUP STATEMENT ON PROFESSIONAL ETHICS**

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.

2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.
3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.
4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.
5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

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

Revised: 8/6/12