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

Approved by the Faculty: 4/9/2025

Approved by the Office of Academic Affairs: 5/16/2025

Revisions approved by the Office of Academic Affairs: 8/22/2025

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I. PREAMBLE

This document is a supplement to Chapters 6 and 7 of the *Rules of the University Faculty*, the Office of Academic Affairs procedural guidelines for promotion and tenure reviews in Chapter 3 of the Office of Academic Affairs *Policies and Procedures Handbook*; and other policies and procedures of the college and university to which the department 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 (4) years and on the appointment or reappointment of the department chair.

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

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

All individuals considered for appointment, reappointment, promotion and/or tenure within the Department of Orthopaedics must have a record of excellence in teaching, research and scholarship, and service in accordance with the guidelines described in this document, and must also demonstrate conduct consistent with the "Statement on Professional Ethics" of the American Association of University Professors [Appendix B] and the "Principles of Medical Ethics and Professionalism in Orthopaedic Surgery" put forth by the American Academy of Orthopaedic Surgery [Appendix C].

The Department of Orthopaedics endorses the University's recognition of the value of unique contributions by individual faculty members toward the realization of the overall mission of the institution. For example, within the Tenure Track there may be many 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 between 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 Department requires that the faculty member demonstrate excellence in all areas.

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 Department's standard of excellence in all areas (including demonstration of national or international impact and recognition) as appropriate to the faculty level, is met.

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

II. DEPARTMENT MISSION

The mission of the Department of Orthopaedics of The Ohio State University is to improve people's lives through innovation in musculoskeletal research, education and patient care. Working as a team we will shape the future of Orthopaedic medicine by creating, disseminating, and applying new knowledge, and by personalizing health care to meet the needs of each individual.

Orthopaedics, as practiced at The Ohio State University Medical Center and at Nationwide Children's Hospital, is defined as a practice of medicine dealing with but not limited to:

- Provision of the highest quality of Orthopaedics patient care by a medical staff with the highest of qualifications and experience.
- Dedication to the teaching of medical students, residents in Orthopaedics or Podiatry, fellows in any appropriate orthopaedic subspecialty, and residents and fellows in related disciplines to produce the highest caliber future health care providers.
- Performance of research and scholarly investigation of Orthopaedics problems and the underlying science and engineering in order to identify the causes, treatment, and prevention of Orthopaedics problems.
- Provision of public service to the community in the areas of education, treatment and recovery options.

To achieve this mission, all faculty members are expected to participate in and contribute to the teaching, service, and research goals of the Department in a manner that is consistent with the nature of their faculty appointment. Tenure-track faculty members are expected to have responsibilities in all aspects of the academic mission and are expected to have a relative emphasis of their efforts on research or other scholarly accomplishments. Clinical faculty members are also expected to have responsibilities in all aspects of the academic mission, with a relative emphasis on teaching and service. Research faculty members are also expected to have responsibilities in all aspects of the academic mission, with a relative emphasis on research, and service related to the Department's research mission. The Department strives to enhance the quality of its endeavors by fostering the development and improvement of the faculty members.

The Department members, including both those with medical and graduate degrees, conduct basic and clinical research. Laboratories associated with the Department are active in the instruction of medical students, residents, fellows, and graduate and post-doctoral students in research

methodology and technique. Departmental research is supported by both internal and external funding. Department members are engaged in collaborative projects with researchers in other departments of the University and outside of the University. The results of these various efforts are regularly presented at various scientific meetings and symposia, and they are published in books, journals and other media.

Physician members of the Department are active practitioners of Orthopaedics surgery and its associated subspecialties. Members of the Department who are non-physician practitioners engage in practice related to their area of expertise. These faculty members are organized into divisions based upon subspecialties and fellowship programs; these divisions are responsible for providing care to patients whose medical problems are encompassed by the specialty or subspecialty. The Department strives to maintain a clinical staff with the capability of providing a broad spectrum of surgical and related services, with special expertise in the management of complex and unusual problems in addition to those considered more common.

Department members also participate in the administration and governance of the OSU Medical Center and Nationwide Children's Hospital, the College of Medicine and the University through service as members and officers of various committees. In addition, faculty members serve local, regional and national medical and professional organizations in a variety of volunteer and administrative positions. Faculty members may also serve as members and officers of other charitable and service organizations on a local, regional and national level.

The Department performs regular reassessments of the effectiveness of its efforts in teaching, research and service. A comprehensive evaluation is performed and published as the Department of Orthopaedics Annual Report and as documented in the Pattern of Administration for this Department.

A critical component of the Department mission is the dedication to continuous improvement in the quality of its contributions to the discipline and practice of surgery and its various specialties, and to the provision of personalized health care for all of its patients.

Finally, the Department welcomes ***all*** individuals. We are committed to developing a civil environment where people feel valued, can thrive and excel, can care for themselves and each other, and be free of discrimination, harassment, and mistreatment. Our core values of humility, kindness, honesty, collegiality, wellness, safety, transparency, collaboration, flexibility, and respect guide us in advancing our tripartite mission.

III. DEFINITIONS

A. Committee of the Eligible Faculty

The eligible faculty for all appointment (hiring), reappointment, promotion, or promotion and tenure reviews must have their tenure home or primary appointment in the department.

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

1. Tenure-track Faculty

Appointment Reviews

- **Initial Appointment Review**. For an appointment (hiring) review of an assistant professor, associate professor, or professor, the eligible faculty consists of all tenure-track faculty in the department. The recommendation to the department chair is the responsibility of the Recruiting Committee (see the Pattern of Administration for details about this committee).

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

Reappointment, Promotion, or Promotion and Tenure Reviews

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

- For the promotion reviews of associate professors, the eligible faculty consists of all tenured professors.

2. Clinical Faculty

Appointment Reviews

- **Initial Appointment Review.** For an appointment (hiring or appointment change from another faculty type) review of an assistant clinical professor; an associate clinical professor; or a clinical professor, the eligible faculty consists of all tenure-track faculty and all clinical faculty in the department. The recommendation to the department chair is the responsibility of the Recruiting Committee.

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

Reappointment and Promotion Reviews

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

3. Research Faculty

Appointment Reviews

- **Initial Appointment Review.** For an appointment (hiring or appointment change from another faculty type) review of a research assistant professor, research associate professor, or research professor, the eligible faculty consists of all tenure-track faculty and all research faculty in the department. The recommendation to the department chair is the responsibility of the Recruiting Committee.

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

Reappointment and Promotion Reviews

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

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

4. Associated Faculty

Initial Appointment and Reappointment

- Initial appointments at senior rank require a vote by the eligible faculty (all tenured faculty and all non-probationary clinical faculty of equal or higher rank than the position requested) and prior approval of the college dean.

- The recommendation to the department chair is the responsibility of the Recruiting Committee.

- The eligible faculty for reappointment reviews of associated faculty consists of all tenured faculty at or above the rank for which the candidate is being reviewed and all non-probationary clinical faculty at or above the rank for which the candidate is being reviewed.

Promotion Reviews

Associated faculty are eligible for promotion but not tenure if they have adjunct titles, clinical practice titles, or lecturer titles.

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

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

5. Conflict of Interest

Search Committee Conflict of Interest

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

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

Eligible Faculty Conflict of Interest

A member of the eligible faculty has a conflict of interest when they are or have been to the candidate:

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

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

In addition, an individual who has had personal or professional conflicts with the candidate is ineligible to participate in the discussion and vote. It is the responsibility of the department chair to remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.

6. Minimum Composition

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

B. Promotion and Tenure (P&T) Committee

The Department has a Promotion and Tenure (P&T) Committee that assists the Committee of the Eligible Faculty in managing the personnel and promotion and tenure issues. The committee consists of at least three tenure track faculty at or above the level of the candidates seeking promotion. Because of the limited number of tenured faculty within the Department of Orthopaedics, tenured professors from other College of Medicine (COM) TIUs may be asked to serve on the departmental P&T on an *ad hoc* basis for promotion and tenure reviews.

The committee's chair and membership are appointed by the department chair. The term of service is three (3) years, with reappointment possible. The chair of the P&T will also serve as the chair of the Committee of the Eligible Faculty.

When considering cases involving clinical faculty the P&T Committee may be augmented by 2 additional non-probationary clinical faculty member(s) at the rank of associate professor or professor, as appropriate to the case.

When considering cases involving research faculty the P&T Committee may be augmented by one non-probationary research faculty member at the rank of associate professor or professor, as appropriate to the case.

C. Quorum

The quorum required to discuss and vote on all personnel decisions is a simple majority (>50%) of the eligible faculty not on an approved leave of absence. Faculty on approved leave are not considered for quorum unless they declare, in advance and in writing, their intent to participate in all proceedings for which they are eligible during the leave. Faculty members who recuse themselves because of a conflict of interest are not counted when determining quorum.

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

D. Recommendation from the Committee of the Eligible Faculty

In all votes taken on personnel matters only "yes" and "no" votes are counted. Abstentions are not votes and are not permitted in this department for promotion and tenure reviews.

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

1. Appointment

- A positive recommendation from the eligible faculty for appointment is secured when more than half (>50%) of the votes cast are positive.

- In the case of a joint appointment, the department must seek input from a candidate's joint-appointment TIU prior their appointment.

2. Reappointment, Promotion and Tenure, and Promotion

- A positive recommendation from the eligible faculty for reappointment, promotion and tenure, and promotion is secured when at least more than half of the votes (>50%) cast are positive.

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

IV. APPOINTMENTS

The *Rules of the University Faculty* permit the Department of Orthopaedics to make appointments in the following categories: Tenure-track; Clinical; Research; and Associated. The appropriate category for initial appointment to the Department of Orthopaedics must reflect these differing qualifications, be congruent with the job description of the position within the Department and be consistent with both the short-term and long-term career plans of the individual. The department chair should carefully evaluate and align the career goals of the faculty candidate and the department needs in determining the most appropriate category for the faculty member.

Faculty appointments in the Department of Orthopaedics shall be made only to individuals with clear potential to enhance the quality of the Department and facilitate the achievement of the Department's mission. Important considerations include the individual's record to date in teaching, research and service; the potential for professional growth in each of these areas; and the potential for interacting with colleagues and students in a way that will enhance their academic work and attract other outstanding faculty, residents and students to the department. No offer will be extended in the event that the search process does not yield one or more candidates who would enhance the quality of the department. The search is either cancelled or continued, as appropriate to the circumstances.

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

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

A. Criteria

1. Tenure-track Faculty

The tenure-track exists for those faculty members who primarily strive to achieve sustained evidence of 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 or similar sources including federal or state agencies, charitable foundations, or industry. This may include participation of as a principal or a co-investigator on such extramurally funded grants. Although excellence in teaching and outstanding service to The Ohio State University is required, these alone are not sufficient for progress on this track.

Faculty appointed on the tenure track must have the potential for excellence in all three critical areas: teaching, research and service. In addition, faculty members are encouraged to develop programs that reflect the integration of teaching, service and research in a specific content area.

Appointments to this track are made in accordance with University Rule 3335-6-02. Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. There must be an expectation that faculty members who are appointed to the tenure track will be assigned a workload that provides sufficient time for the faculty member to meet the expectations and requirements for tenure track appointments. The appointment process requires the Department to provide sufficient evidence in support of a Tenure Track faculty appointment so as to ensure that the faculty candidate has clearly and convincingly met or exceeded applicable criteria in teaching, scholarship, and service. Each candidate for appointment should undergo an appropriate faculty review by the Department.

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

a. Instructor

Under certain circumstances, the Department may choose to appoint a new faculty member at the **Instructor** level. 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. The department will make every effort to avoid such appointments.

This title is appropriate for individuals who embody most of the characteristics listed below under Assistant Professor, but have not completed the terminal degree at the time of appointment. Procedures for appointment are identical to those for an assistant professor.

An appointment at the Instructor level is limited to three years. Promotion to assistant professor occurs without review the semester following completion of the required credentialing. If 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. Unless there are unique circumstances, the college does not recommend requesting prior service credit. This request must be approved by the department's eligible faculty, the department chair, the dean, and the University Office of Academic Affairs and

if approved is irrevocable except through an approved request to extend the probationary period. In addition, all probationary faculty members have the option to be considered for early promotion.

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

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience. Individuals who have completed all the requirements of their terminal degree, but who have not obtained the final degree at the time of initial employment will be appointed as an Instructor. In addition, appointment at the rank of instructor is appropriate for individuals who, at the time they join the faculty, do not have the requisite skills or experience to fully assume the full range of responsibilities of an assistant professor.

- Evidence of potential for excellence in scholarship. Such evidence might include peer-reviewed publications in a mentored setting, but insufficient evidence of an independent, creative, and productive program of research with potential for external funding.

- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [Appendix B] and the "Principles of Medical Ethics and Professionalism in Orthopaedic Surgery" by the American Academy of Orthopaedic Surgeons [Appendix C]**.**

- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

b. Assistant Professor

An appointment to the rank of Assistant Professor is always probationary. During a probationary period, a faculty member does not have tenure and is considered for reappointment annually. Tenure cannot be awarded at the rank of Assistant Professor. An earned terminal degree is the minimum requirement for appointment at the rank of assistant professor. Evidence of potential for scholarly productivity, high-quality teaching, and high-quality service to the department and the profession is highly desirable. Appointment at the rank of assistant professor is always probationary, with mandatory tenure review occurring in the sixth year of service. For individuals not recommended for promotion and tenure after the mandatory review, the seventh year will be the final year of employment. 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, 3335-6-04, faculty members **with significant 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. 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.

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

For appointments at the rank of Assistant Professor, prior service credit of up to three years may be granted for work experience at the time of the initial appointment. Doing so requires the approval of the eligible faculty, department chair, Dean, and Executive Vice President and Provost. Prior service credit shortens a probationary period by the amount of the credit and once granted cannot be revoked except through an approved request to extend the probationary period.

Criteria for appointment at the rank of Assistant Professor in the Tenure Track include:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience.
- Early evidence of excellence in scholarship as demonstrated by the initial development of a body of research, scholarship, and creative work. In addition, evidence must be provided that supports a candidate's potential for an independent program of scholarship and a strong likelihood of independent extramural research funding through team science work.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [Appendix B] and the "Principles of Medical Ethics and Professionalism in Orthopaedic Surgery" by the American Academy of Orthopaedic Surgeons [Appendix C].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

The following are examples of characteristics and accomplishments to be considered of individuals worthy of appointment as assistant professor in the areas of teaching, research and service. Accomplishments in the area of program development will be included within the categories of teaching and service where appropriate.

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

1. Evidence of teaching competence and accomplishments during residency or fellowship training and/or prior employment.
2. Teaching awards achieving during residency or fellowship training or prior employment.
3. Participation in the development of educational materials and programs.

Teaching (Ph.D. or equivalent)

1. Evidence of teaching competence and accomplishments during graduate school, postdoctoral training, and/or prior employment.
2. Teaching awards obtained during postdoctoral training or prior employment.

3. Participation in the development of educational materials and programs.

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

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. A commitment to seek peer-reviewed funding from federal, professional, academic, or industrial sources.
4. Initial development of a specialized area of research or scholarship.
5. Co-authorship or authorship of book chapters or other scholarly materials.

Research and Scholarship (Ph.D. or equivalent)

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. A commitment to seek peer-reviewed funding from federal, professional, academic, or industrial sources
4. Receipt of peer-reviewed research funding from federal, professional or academic sources.
5. Initial development of reputation for specific area of research or scholarship.
6. Authorship of books, book chapters or other scholarly materials.

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

1. Attainment of the M.D., D.O. (or suitable equivalent) degree.
2. Satisfactory completion of residency or fellowship training in an area appropriate to the appointment.
3. Evidence during residency/fellowship training or prior employment of a high level of clinical competence.
4. Demonstrated adherence to the values contained in the "Statement on Professional Ethics" by the American Association of University Professors [Appendix B] and the "Principles of Medical Ethics and Professionalism in Orthopaedic Surgery" by the American Academy of Orthopaedic Surgeons [Appendix C].
5. Qualifications necessary for attainment of appropriate licensure and medical staff appointment(s).

Service (Ph.D. or equivalent)

1. Attainment of Ph.D. (or suitable equivalent) degree.
2. Satisfactory completion of postdoctoral training in area suitable to the appointment.
3. Evidence during prior training or employment of research competence.
4. Demonstrated adherence to the values contained in the "Statement of Professional Ethics" of the American Association of University Professors *(Appendix B).*

c. Associate Professor

Appointment offers at the rank of Associate Professor with tenure and offers of prior service credit require prior approval of the Office of Academic Affairs.

Criteria for **initial appointment** to the rank of Associate Professor with tenure are identical to the Department's criteria for **promotion** to Associate Professor with Tenure, as detailed in Section VI.A.1.a. of this document.

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

d. Associate Professor in Advance of Tenure

While appointments to the rank of Associate Professor generally include tenure, a probationary period may be granted after petition to the Office of Academic Affairs. In general, appointments at the rank of associate professor shall not entail a probationary period unless there are compelling reasons not to offer tenure. For faculty without patient clinical service responsibilities the probationary period may not exceed four (4) years. For faculty with patient clinical service responsibility, the probationary period may not exceed six (6) years. Requests for such appointments require the approval of the Dean of the College of Medicine, and the Executive Vice President and Provost. If tenure is not granted, an additional (terminal) year of employment is offered.

During a probationary period a faculty member does not have tenure and is considered for reappointment annually.

Criteria for **initial appointment** to the rank of Associate Professor without tenure are identical to the Department's criteria for **promotion** to Associate Professor in Advance of Tenure, as detailed in Section VI.A.1.b. of this document.

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

e. Professor

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

Criteria for **initial appointment** to the rank of Professor with tenure are identical to the Department's criteria for **promotion** to Professor with tenure, as detailed in section VI.A.1.c. of this document.

Appointment offers at the rank of Professor with tenure and offers of prior service credit require prior approval of the Office of Academic Affairs.

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

2. Clinical Faculty

Clinical faculty are <u>equivalent to tenure-track faculty in importance</u> to the College of Medicine. 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 robust scholarship requirements of Tenure-track appointments within a defined probationary period. For this reason,

the nature of scholarship differs from that in the Tenure Track and may be focused on a mixture 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 may choose to distinguish themselves through several portfolios of responsibility including Clinician-Educator and Clinician-Scholar pathways. The clinician educator pathway may reflect excellence as an educator as measured by teaching evaluations and innovative teaching practices and curricula or modules development, and publications. Alternatively, the clinician educator pathway may reflect an outstanding clinician who has a demonstrated record of educating colleagues and peers such as through invitations to serve as faculty on national continuing medical education programs or societal leadership. The clinician scholar pathway reflects excellence in basic science, translational science, clinical research and/or health services research (e.g., public health care policy, outcomes, and comparative effectiveness research) as measured by publications and grant funding.

The clinical excellence pathway exists for faculty members who focus on exemplary clinical care or unique areas of emphasis in patient management. These faculty members may build signature clinical programs and/or serve as preferred providers developing a regional or national reputation for clinical service expertise. Faculty members on this pathway typically devote 80% or more of their effort to patient care or administrative service. For these select individuals, this department may establish unique criteria for promotion which vary somewhat from the more traditional standards for the remainder of the Clinical Faculty, and which permit promotion without personal national recognition. The Department of Orthopaedics will continue to require the more traditional standards (including national recognition for promotion to clinical professor), but reserves the right to amend this document in the future to include criteria for promotion of faculty members with heavy (80%) clinical responsibilities, consistent with College of Medicine guidelines. Such amendments will require approval by department faculty vote as well as approval through the College of Medicine's Office of Faculty Affairs and the university Office of Academic Affairs.

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

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. Clinical faculty must be individuals with the potential for excellence principally in the areas of teaching and service. Scholarly activities will be expected of the faculty member but will receive substantially less weight in appointment and promotion decisions.

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

Except for those appointed at the rank of instructor, for whom a contract is limited to three years, the initial contract for all other clinical faculty members must be for a period of five years. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year if they will be reappointed for another year. Review for reappointment will be performed in the penultimate 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. Second and subsequent contracts for clinical faculty must be for a period of at least three years and for no more than five years. 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.

In this section, criteria for initial appointment in the clinical faculty at the rank of clinical instructor and clinical assistant professor will be outlined in detail. Appointments at higher ranks shall be based upon fulfilling the same criteria described in section VI.A.2, which relate to promotion to the rank of associate clinical professor and clinical professor in the clinical faculty.

a. Clinical Instructor

Appointment to the rank of Clinical Instructor is made if all of the criteria for the position of Assistant Clinical 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. The department will make every effort to avoid such appointments.

When an individual is appointed as a Clinical Instructor, the letter of offer should indicate the specific benchmarks and accomplishments that will be necessary for promotion to Assistant Clinical Professor.

Instructor appointments are limited to three (3) years, with the third year being the terminal year. If the instructor has not completed requirements for promotion to the rank of assistant clinical professor by the beginning 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.

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study or anticipated completion of clinical residency and/or fellowship.

- 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 [Appendix B] and the “Principles of Medical Ethics and Professionalism in Orthopaedic Surgery” by the American Academy of Orthopaedic Surgeons [Appendix C].

b. Assistant Clinical Professor

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

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 clinical 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.

A candidate for appointment as **Assistant Clinical Professor** should have a demonstrated record of impact and recognition at a local or regional level. The following will constitute ideal characteristics of individuals worthy of appointment as assistant clinical professor in the areas of teaching, research and service. Accomplishments in the area of program development will be included within the categories of teaching and service where appropriate.

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

1. Evidence of teaching ability and accomplishments during residency/fellowship training or prior employment.
2. Teaching awards achieved during residency/fellowship training or prior employment.
3. Participation in the development of educational materials and programs.

Teaching (Ph.D. or equivalent)

1. Evidence of teaching competence and accomplishments during postdoctoral training and/or prior employment.
2. Teaching awards obtained during postdoctoral training or prior employment.
3. Participation in the development of educational materials and programs.

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

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. Initial development of a specialized area of research or scholarship.
4. Co-authorship of book chapters or other scholarly materials.

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

1. Attainment of the M.D., D.O. (or suitable equivalent) degree.
2. Satisfactory completion of residency/fellowship training in an area appropriate to the appointment.
3. Evidence during residency/fellowship training or prior employment of a high level of clinical competence.

4. Demonstrated adherence to the values contained in the "Statement of Professional Ethics" of the American Association of University Professors [Appendix B] and the "Principles of Medical Ethics and Professionalism in Orthopaedic Surgery" by the America Academy of Orthopaedic Surgeons [Appendix C].
5. Qualifications necessary for attainment of appropriate licensure and medical staff appointment(s).

Service (Ph.D. or equivalent)

1. Attainment of Ph.D. (or suitable equivalent) degree.
2. Satisfactory completion of postdoctoral training in area suitable to the appointment.
3. Evidence during prior training or employment of research competence.
4. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors [Appendix B].

c. Associate Clinical Professor

Criteria for **initial appointment** to the rank of Associate Clinical Professor are identical to the Department's criteria for **promotion** to Associate Clinical Professor, as detailed in Section VI.A.2. of this document.

d. Clinical Professor

Criteria for **initial appointment** to the rank of Clinical Professor are identical to the Department's criteria for **promotion** to Clinical Professor, as detailed in section VI.A.2. of this document.

3. Research Faculty

Research appointments exist for faculty members who focus primarily on research. A Research faculty member may, but is not required to, participate in limited educational and service activities. Research faculty members are expected to contribute to the Department's research mission and are expected to demonstrate excellence in scholarship as reflected by high quality peer-reviewed publications and successful competition for extramural funding as a co-investigator or principal investigator. Individuals who serve as laboratory managers or otherwise contribute to the research mission at a level comparable to that of a postdoctoral fellow should not be appointed on the research faculty but rather should be appointed as research scientists.

Research appointments are made such that each new appointment must enhance, or have strong potential to enhance, the quality of the Department. Contracts will be for a period of at least one (1) year and for no more than five (5) years, and must explicitly state the expectations for salary support. In general, research faculty appointments will require ninety-five per cent (95%) salary recovery. It is expected that salary recovery will be derived from extramural funds. While salary support for research faculty may not come from dollars provided to the departments from the college, departments may choose to provide funding from individual departmental faculty research funds, start-up funds, and/or department Chair package funds to maintain the faculty member's salary at 100%. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year as to whether they will be reappointed for the following year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as

to whether a new contract will be extended at the conclusion of the probationary contract period. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of a contract may be renegotiated at the time of reappointment.

Tenure is not granted to research faculty.

Research faculty are eligible to serve on University committees and task forces but not on University governance committees. Research faculty 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 12 of the Graduate School Handbook.

Research Assistant Professor

A candidate should have a demonstrated record of research expertise at a local or regional level. The following will constitute characteristics of individuals worthy of appointment as research assistant professor in the areas of teaching, research and service.

Teaching

While the focus for research faculty is primarily research, it is expected that research faculty will contribute to trainee education informally (via project mentorship, interaction during lab meetings, etc) and potentially formally (via lectures or other structured interactions with learners in the department). No formal documentation or evaluation of teaching is required for research faculty.

Research and Scholarship

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. Commitment to seek peer-reviewed research funding from federal, professional, academic, charitable, or industrial sources.
4. Record of high-quality publications that strongly indicate the ability to sustain an independent, externally funded research program.
5. Initial development of reputation for specific area of research or scholarship.
6. Authorship of books, book chapters or other scholarly materials.

Education

1. Attainment of Ph.D. (or suitable equivalent) degree.
2. Satisfactory completion of postdoctoral training in area suitable to the appointment.
3. Evidence during prior training or employment of research competence.
4. Demonstrated adherence to the values contained in the "Statement of Professional Ethics" of the American Association of University Professors [Appendix B] and the "Principles of Medical Ethics and Professionalism in Orthopaedic Surgery" by the America Academy of Orthopaedic Surgeons [Appendix C].
5. Strong potential for career progression and advancement through the faculty ranks.

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 VI.A.3. of this document.

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 VI.A.3. of this document.

4. Associated Faculty

Associated appointments exist for faculty members who focus on a specific and well-defined aspect of the College and Department mission, most commonly outstanding teaching and exemplary clinical care. Associated faculty may be involved in scholarly pursuits and service to the College and the University, but this is not required for advancement.

Associated Faculty, as defined in the *Rules of the University Faculty* 3335-5-19 (D), includes "persons with adjunct titles, clinical practice titles, visiting titles, and lecturer titles. Members of the associated faculty are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters. Associated appointments are for one to three years. Renewal decisions are made annually and are based upon the faculty member's documented continued contributions to the Department. There is no presumption of renewal.

Associated faculty members are appointed based on participation in the teaching, patient care, academic, or leadership missions of the Department of Orthopaedics. Associated faculty members may focus on a limited number of the aspects of the Department's mission and may have less than a 50% appointment. These members of the faculty may be paid or unpaid. The criteria for appointment and promotion differ from those of other appointment types, consistent with the more focused mission of these appointments.

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

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

This category of associated faculty will have a paid appointment at OSU, OSUP (Ohio State University Physicians, Inc.), or Nationwide Children's Hospital (NCH) and requires a faculty appointment (e.g. for clinical credentialing or teaching a course). They may have another paid appointment at OSU (e.g. physician), but their faculty appointment can be unpaid. This may be appropriate to use for faculty appointments that are expected to be less than three years or for faculty who are paid through OSU, OSUP, or NCH but are 100% deployed in the community.

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

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

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

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

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

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

- Clinical practice faculty must be a licensed physician or health care provider.

- Have written support for appointment by the appropriate Division Director Chair or Department Chair to which they are appointed.
- No ongoing negative behavior such as discrimination, bullying, harassment, retaliation, or promotion of other hostile work conditions.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix B].
- Have significant and meaningful interaction in at least one of the following mission areas of the Department of Orthopaedics:

    a) Teaching of medical students, residents, or fellows. For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students and/or residents for at least one month out of the year.
    b) Research: These faculty members may collaborate with a Department faculty member in research projects or other scholarly activities.
    c) Administrative roles within the Department including participation in committees or other leadership activities (administration of residency program at an outside hospital)

Appointment: Associated Faculty at Advanced Rank
For compensated faculty who are principally focused on patient care, the appointment at advanced rank criteria and procedures will be identical to those for the clinical excellence pathway. For compensated faculty who contribute principally through educational activities or scholarship, the appointment at advanced rank criteria and procedures will be identical to those for the clinician educator pathway. For uncompensated faculty, the criteria for appointment at advanced rank are identical to those for compensated associated faculty as outlined above.

5. Emeritus Faculty

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

Faculty will send a request for emeritus faculty status to the department chair outlining academic performance and citizenship. The faculty eligible to conduct promotion reviews within the requestor's appointment type (see Section III.A.1-4) will review the application and make a recommendation to the department chair, who will decide upon the request, and if appropriate submit it to the dean. If the faculty member requesting emeritus status has in the 10 years prior to the application engaged in serious dishonorable conduct in violation of law, rule, or policy and/or caused harm to the university's reputation or is retiring pending a procedure according to Faculty Rule 3335-5-04, emeritus status will not be considered.

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

6. Joint Appointments

Joint appointments are created to leverage a faculty member's unique expertise to advance the mission areas of the academic units involved and promote cross-disciplinary collaboration. To establish a joint faculty appointment, a memorandum of understanding (MOU) (see Faculty Appointments Policy, Section 1.B) is developed by all affected TIUs, centers, and/or institutes. The MOU will clearly define the distribution of the faculty member's time commitment to the different units. The MOU will also state the sources of compensation directed to the faculty member, distribution of resources, the planned acknowledgement of the academic units in publications, the manner in which credit for any grant funding will be attributed to the different units, and the distribution of grant funds among the appointing units. Unless other arrangements are specified in the MOU, the TIU in which the faculty member's FTE is greater than 50% will be considered that faculty member's TIU. Joint-appointed faculty may vote on promotion and tenure cases only in their TIU.

7. Courtesy Appointments for Faculty

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

B. Appointment Procedures

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

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

A draft letter of offer to a faculty candidate must be submitted to the Vice Dean for Faculty Affairs in the Office of Academic Affairs in the College of Medicine for review and approval. The draft letter of offer will be reviewed for consistency with the essential components required by the Office

of Academic Affairs Policies and Procedures Handbook, and by the College. Letters of offer are managed through the approved online contract management system.

The following sections provide general guidelines for searches in the different faculty categories.

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 in advance by the college and the Office of Academic Affairs. Search procedures must entail substantial faculty involvement and be consistent with the OAA Policy on Faculty Recruitment and Selection.

The Dean of the College 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 or the individual who has commissioned the search appoints a search committee, usually consisting of three or more faculty members who reflect the field of expertise that is the focus of the search, 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.

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

- "Phase 1 | Search Preparation & Proactive Recruitment" is the earliest stage in the search process. Key steps during this phase include determining faculty needs for the unit, creating a search strategy (including timeline), establishing a budget, and identifying additional partners to include in the process. The steps in this phase provide guidance on forming committees, detail training requirements for search committee members, and innovative approaches to advertising and outreach. This section also includes ideas and resources for developing qualified talent pools to ensure alignment with university and unit EEO goals and advance the eminence of the institution.
- "Phase 2 | Preliminary Review of Applicants" focuses on best practices for the application review and candidate screening processes. The guidelines and resources in this section support consistency and fairness in the review, assessment, and selection of candidates

moving forward in the recruitment process. This section also outlines how to select a list of candidates for on-campus interviews.

- "Phase 3 | Finalists Interviews & Evaluations" provides guidance and tools for conducting interviews and campus visits, requesting reference letters (if not requested earlier in the application stage), and collecting feedback from everyone who interacted with the candidates. Adherence to the guidelines outlined in this section has a direct impact on enhancing the candidate experience and ensuring a consistent evaluation process. This phase concludes with the submission of a letter from the search committee to the department chair.
- "Phase 4 | Extend Offer" provides guidance and resources related to effectively selecting the most qualified candidate(s) for the position(s) and successfully negotiating to result in an accepted offer.
- "Phase 5 | Preboard and Onboard" offers resources to help prepare and support new faculty as they transition to Ohio State. The suggestions in this phase focus on creating a seamless transition for incoming faculty and their partners/families, if applicable.
- "Phase 6 | Reflect and Assess the Search" is a process supported by OAA to reflect on the hiring cycle each year and evaluate areas that may need improvement and additional support.

If the offer involves senior rank (Associate Professor or Professor), solicitation of external letters of evaluation are required and follow the same guidelines as for promotion reviews. The eligible faculty members must also vote on the appointment and proposed rank. If the 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 in advance of tenure, or professor, and/or offers of prior service credit require prior approval of the University Office of Academic Affairs.

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

The department 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 to the Clinical faculty should follow the same procedures as those utilized by the Department and the College of Medicine for Tenure Track faculty, with the exception that the candidate is not required to make a presentation during the interview process. A national search is required to ensure a broad pool of highly qualified candidates for all clinical positions.

3. Research Faculty

Searches for initial appointments to the Research faculty should follow the same procedures as those utilized by the Department and the College of Medicine for Tenure-track faculty. As for candidates for appointment to the tenure-track faculty, it is recommended that research faculty candidates make a presentation to learners and faculty regarding their scholarship. A national search is required to ensure a broad pool of highly qualified candidates for all research positions.

Individuals with a clear and focused commitment to research, publication and grantsmanship should be selected as candidates. Prior evidence of such commitment is strongly encouraged. Interest in teaching and service are secondary considerations. The composition of the search committees shall be comparable to those for tenure track faculty.

4. Transfers: Track and TIU

Transfers from the tenure track are permitted only under the strict guidelines detailed in the paragraphs below, per University Rules 3335-7-09, 3335-7-10, 3335-7-38 and 3335-7-39. A transfer to a different appointment type should be motivated by a clear change in a faculty member's career orientation and goals. An engaged, committed, and productive faculty should be the ultimate goal of all appointments.

Transfer: Tenure Track Faculty to Clinical Faculty

If tenure-track faculty members' activities become more aligned with the criteria for appointment to the Clinical Faculty, they may request a transfer. A transfer request must be approved by the Department Chair, Dean, and Executive Vice President and Provost. The first appointment to the Clinical Faculty is probationary; and tenure, or the possibility thereof, is revoked.

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

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

Transfer: Tenure Track Faculty to Research Faculty

If tenure-track faculty members wish to engage exclusively in research, without the multiple demands required of the tenure track, they may request a transfer. A transfer request must be approved by the Department Chair, Dean, and Executive Vice President and Provost. The first appointment to the Research Faculty is probationary; and tenure, or the possibility thereof, is revoked.

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

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

Transfer: Clinical or Research to Tenure Track

Transfer from the Clinical Faculty or Research Faculty to the Tenure Track is not permitted, but Clinical and Research faculty are eligible to apply for Tenure Track positions through a competitive national search.

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

Transfer: Tenure Initiating Unit (TIU Transfer)

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

The transfer must be approved by the University Office of Academic Affairs and is dependent on the establishment of mutually agreed upon arrangements between the administrators of the affected TIUs, including the TIU chairs, college dean(s), and the faculty member. An MOU signed by all parties, including the Office of Academic Affairs, must describe in detail the arrangements of the transfer. Approval will be dependent on whether satisfactory fiscal arrangements for the change have been made. Since normally the transferring faculty member will fill an existing vacancy in the receiving unit, the MOU will describe the resources supporting the position, including salary, provided by the receiving unit.

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

5. Associated Faculty

The appointment of compensated associated faculty members follows a formal search following the SHIFT Framework, which includes a job posting in Workday (see Section IV.B above) and candidate interviews. The appointment is then decided by the department chair based on recommendation from the search committee.

Appointments to an unpaid (uncompensated) associated faculty position require no formal search process.

The reappointment of all compensated associated faculty members is decided by the department chair in consultation with the P&T Committee. Compensated associated appointments are generally made for a period of one to three years.

Appointment and reappointment of uncompensated adjunct or visiting faculty may be proposed by any faculty member in the department and are decided by the department chair in consultation with the P&T Committee.

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

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

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

6. Joint Appointments

This department may propose a joint appointment for a faculty member from another OSU TIU as described in Section IV.A.6. The potential for a joint appointment is typically evaluated during the recruitment process and, as such, is subject to all criteria outlined above for each faculty category.

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

7. Courtesy Appointments

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

V. ANNUAL PERFORMANCE AND MERIT REVIEW PROCEDURES

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

- Assist faculty in improving professional productivity through candid and constructive feedback and through the establishment of professional development plans;

- Establish the goals against which a faculty member's performance will be assessed in the foreseeable future; and
- Document faculty performance in the achievement of stated goals in order to determine salary increases and other resource allocations, progress toward promotion, and, in the event of poor performance, the need for remedial steps.

Department chairs may designate the responsibility for annual performance and merit reviews to appropriate unit administrators (ie division directors/division chiefs). The designee may provide a written assessment to the department chair. However, unless the University Office of Academic Affairs has granted an exception to a large unit, the department chair must schedule a face-to-face meeting with all probationary faculty as part of the review. An opportunity for a face-to-face meeting with the department chair or designee must be provided to all tenured and non-probationary faculty.

In all cases, accountability for the annual review process resides with the department chair.

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

- The review of faculty with budgeted joint appointments must include input from the joint appointment TIU head for every annual evaluation cycle. The input should be in the form of a narrative commenting on faculty duties, responsibilities, and workload; on any additional assignments; and on goals specific to the individual in the joint unit.

- Meritorious performance in teaching, scholarship, and service is assessed in accordance with the same criteria that form the basis for promotion decisions.

- Per Faculty Rule 3335-3-35, the department chair is required to include a reminder in annual review letters that all faculty have the right (per Faculty Rule 3335-5-04) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.

A. Documentation

For their annual performance and merit review, compensated faculty members must submit the following documents to the department chair no later than August 1.

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

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

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

B. Probationary Tenure Track Faculty

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

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

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

As part of the annual review process, the faculty member's current OSU dossier profile or curriculum vitae will be reviewed by the Chair or designee. It will be evaluated to determine if the faculty member has met or exceeded the minimal standards of academic performance for the Department of Orthopaedics, as outlined in the Faculty Duties, Responsibilities, and Workload Guidelines (see the Pattern of Administration section IX). The Chair or designee will provide a written appraisal of the faculty member's performance that directly addresses the quality and amount of achievement in each of the categories of information in the file. This evaluation will define strengths and weaknesses of faculty member performance, and it will provide recommendations for the ensuing year. Progress toward recommendations from the previous year should be discussed. A final statement should provide an overall evaluation of the faculty member's performance, describe the faculty member's suitability for their appointment and potential for future promotion/tenure, and make a recommendation regarding reappointment for the following academic year. The statement and recommendations will be presented to the faculty member for review, and a formal, face-to-face meeting will be scheduled for discussion of the review.

1. Fourth-Year Review

Each faculty member in the fourth year of probationary service must undergo a more comprehensive review utilizing the same process as the review for tenure and promotion, with two exceptions: external letters of evaluation will not be required, and review by the College of Medicine Promotion and Tenure 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.

External evaluations are solicited only when either the department chair or the department's eligible faculty determine they are necessary to conduct the Fourth-Year Review. This may occur

when the candidate's scholarship is in an emergent field, is interdisciplinary, or the eligible faculty do not feel otherwise capable of evaluating the scholarship without outside input.

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

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

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

2. Eighth Year Review

Faculty members with an eleven (11) year probationary period who have not achieved promotion and tenure by the eighth year will undergo a formal eighth year review, utilizing the same principles and procedures as the fourth-year review.

3. Extension of the Tenure Clock

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

C. Tenured Faculty

A written annual review of each tenured faculty member, irrespective of rank, is required. The purpose of the annual review for tenured faculty is to assist in developing and implementing professional plans, discussing accomplishments, identifying performance problems should they exist, evaluating progress toward promotion, and serving as a basis for annual salary recommendations. The review process will follow the same guidelines and utilize the same form of documentation outlined for probationary faculty.

Associate professors are reviewed annually by the department chair or their designee. In the case of a designee, the designee submits a written performance review to the department chair along with comments on the faculty member's progress toward promotion. The department chair or designee conducts an independent assessment, meets with the faculty member to discuss their performance,

collegiality, and future plans and goals, and prepares a written evaluation on these topics. The faculty member may provide written comments on the review.

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

If a professor has an administrative role, the impact of that role and other assignments will be considered in the annual review.

The department chair prepares a written evaluation of performance against these expectations. The faculty member may provide written comments on the review.

D. Clinical Faculty

Probationary and non-probationary clinical faculty members are reviewed annually by the Department Chair or designee, using the same guidelines outlined above 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.

The purpose of the annual review for clinical faculty is to assist in developing and implementing professional plans, discussing accomplishments, identifying performance problems if they exist, evaluating progress toward promotion, and serving as a basis for annual salary recommendations. A written evaluation in narrative format must be provided and a face-to-face meeting must be scheduled.

In the penultimate contract year of a clinical faculty member's appointment, the department chair must determine whether the position held by the faculty member will continue. If the position will not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule 3335-6-08 must be observed.

There is no presumption of renewal of appointment.

E. Research Faculty

Probationary and non-probationary research faculty members are reviewed annually by the Department Chair or designee using the same guidelines outlined above for tenure-track probationary and tenured faculty, respectively, except that non-probationary research faculty may participate in the review of research faculty of lower rank.

A written evaluation in narrative format must be provided and a face-to-face meeting must be scheduled.

In the penultimate contract year of a research faculty member's appointment, the department chair must determine whether the position held by the faculty member will continue. If it will not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule 3335-6-08 must be observed.

There is no presumption of renewal of appointment.

F. 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 his or her 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.

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

G. Salary Recommendations

Evaluation for merit salary increase for each faculty member shall be performed initially by the division director and by the department chair. The department chair then makes annual salary recommendations to the dean, who may modify them. The recommendations are based on the current annual performance and merit review as well as on the performance and merit reviews of the preceding 24 months. For clinicians, salary recommendations are under the auspices of the College of Medicine Compensation Plan.

In formulating recommendations, the department chair consults with the department's senior leaders. The department chair should proactively engage in an annual equity audit of faculty salaries to ensure that faculty salaries reflect the market and are internally equitable. Salary increases should be based upon these considerations.

For clinicians, salary recommendations are under the auspices of the Faculty Group Practice Compensation Plan.

1. Criteria

Merit salary increases and other rewards must be made consistent with 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 (4) the Office of Human Resources.

2. Procedures

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 by the department and subject to the Faculty Group Practice (FGP) Compensation Plan as appropriate.

Meritorious performance in teaching, research, and service is assessed in accordance with the same criteria that form the basis for promotion decisions. The time frame for assessing performance will be the past 24 months, with attention to patterns of increasing or declining productivity. Faculty with high quality performance in all three areas of endeavor (consistent with the expectations of the faculty member's appointment) 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.

3. Documentation

Faculty who fail to submit the required documentation (see section V.A above) 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.

Merit salary increases will be based upon performance of the faculty member in relation to the Department Duties, Responsibilities, and Workload Guidelines (see the Pattern of Administration section IX) and the expectations outlined in the faculty member's previous annual review by the Chair.

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.

VI. PROMOTION AND TENURE AND PROMOTION REVIEWS

Faculty Rule 3335-6-02 provides the following context for promotion and tenure and promotion reviews:

> *In evaluating the candidate's qualifications in teaching, scholarship, and service, reasonable flexibility shall be exercised, balancing, where the case requires, heavier commitments and responsibilities in one area against lighter commitments and responsibilities in another. In addition, as the university enters new fields of endeavor, including interdisciplinary endeavors, and places new emphases on its continuing activities, instances will arise in which the proper work of faculty members may depart from established academic patterns. In such cases care*

must be taken to apply the criteria with sufficient flexibility. In all instances superior intellectual attainment, in accordance with the criteria set forth in these rules, is an essential qualification for promotion to tenured positions. Clearly, insistence upon this standard for continuing members of the faculty is necessary for maintenance and enhancement of the quality of the university as an institution dedicated to the discovery and transmission of knowledge.

Outlined below are the Department of Orthopaedics' formal criteria for professional advancement, including promotion in each faculty category and awarding of tenure. These criteria are in alignment with the College of Medicine standards. When the Department forwards the dossier of a candidate for review and has recommended promotion and/or granting of tenure, every diligent effort will have been made to ensure the qualifications of the candidate meet or exceed applicable criteria.

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

A. Criteria and Evidence that Support Promotion

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

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

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

Defining Impact for Promotion for Tenure Track and Clinical Faculty

Fundamental to promotion in all faculty appointment types (e.g., clinical, research, tenure track) are the totality of the impact of a candidate's body of work and the candidate's upward trajectory over time. Impact refers to the direct effect of one's work on science, education, medicine, healthcare, and/or community. The clinician educator and clinician scholar pathways, research faculty and tenure-

track emphasize scholarly achievements, but the nature of scholarly activity, level of engagement, and measures of impact are specific to faculty appointment types and pathways within those appointment types. Community engagement will be carefully considered and refers to institutional, local, national, and international community contributions that are closely aligned with and complementary to a candidate's scholarly work.

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

Scholarly Activity
Fundamental to promotion in the clinician educator and clinician scholar pathways, research faculty and tenure-track is evidence of continuous scholarly productivity and an evaluation of the totality of the impact of a candidate's body of work. Any area of research consistent with mission of the College of Medicine (COM) is acceptable as long as impact and an upward trajectory of a candidate's achievements over time can be demonstrated. The nature of scholarly activity may also differ between faculty appointment types and pathways. For the clinical educator pathway, for example, scholarly activity typically focuses on the scholarship of education, including but not limited to innovative teaching and educational practices, delivery methods, and/or interventions, instructional design, and curriculum development. For the clinical scholar pathway, scholarly activity typically reflects translational sciences, clinical research, and/or health services research. For all faculty appointment types and pathways, demonstration of impact entails providing evidence of successful translation of new knowledge into new approaches, techniques, devices, programs, etc. and may include:

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

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

High quality engagement
- Teaching in any of the defined categories of education within and outside of the COM
- Leadership roles in teaching or educational programs
- Innovation or novel application in local classroom teaching methods
- Development of new educational products such as curriculum, assessment tools or programs, policy statements, technologies such as simulation, etc.

- Development of new Masters or Doctoral degree programs.
- Leading or substantive participation in education-related committees
- Involvement in local mentoring programs
- Participation in CME, research, and inter-professional meetings
- Participation in the development of scholarly products related to education

Excellence in education

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

Clinical

- For faculty who have clinical responsibilities, impact may be demonstrated as a result of:
- Contribution to the development of innovative clinical approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care (e.g., community-based programs, clinical care models, practice guidelines, innovative application of existing or new technology, etc.)
- Service on committees in the candidate's area of clinical expertise with contributions to development of practice guidelines or policies for health equity, clinical management, evaluating clinical programs, etc.
- Leadership roles in professional organizations, courses or programs related to clinical expertise
- Invitations to share expertise through invited talks, book chapters, clinical reviews
- Awards for contributions and/or innovation in the area of clinical expertise
- Regional, national and international patient referrals
- Engagement/collaboration in clinical trials and clinical studies
- Clinical awards (e.g., Best Doctors, OSU Mazzaferri-Ellison Society of Master Clinicians, etc.).

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

Resources for non-traditional evidence of impact/reputation

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

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

1. Promotion of Tenure-Track Faculty

a. Promotion to Associate Professor with Tenure

Faculty Rule 3335-6-02 provides the following general criteria for promotion to associate professor with tenure:

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

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

Achievement of national recognition and impact is a prerequisite for promotion to associate professor and awarding of tenure.

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

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

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

Excellence in teaching, scholarship, and service is moreover defined to include professional

ethical conduct in each area of responsibility, consistent with the American Association of University Professors' Statement on Professional Ethics (Appendix B).

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

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence /Documentation**
Discovery and dissemination of new knowledge (required)	• Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, team science, quality improvement, public health and community research, implementation science, and diffusion research, among many potential others. • Substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings
A sustained record or scholarly productivity, reflected in both quantity and quality of publications (required)	• 15-25 peer-reviewed publications since appointment as an assistant professor (required). This range suggests a scope of achievement and not inflexible requirements for promotion. Specific metrics in support of excellence in scholarship may be discipline-specific. It should be appreciated that evidence of scholarship below the specified range does not preclude a positive promotion decision and that scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or in the context of poor performance in other areas, such as evidence of teaching excellence. • Overall impact of scholarship is important. High impact and positive trajectory of scholarship, including work showing national impact (required). • Impact can include but is not limited to social media penetration, blog subscription, Altmetrics score, non- academic invited presentations, or collaborations that advance the mission of the university or the field, and interviews by reputable national media outlets on scholarly topics, however, this does not in and of itself demonstrate the impact of research. • The pattern of scholarship should include an increasing proportion of publications as first, senior, or corresponding author, but importance of other authorship positions as a key/indispensable contributor is to be considered. • The number of citations of their publications, and/or citation record may be used to demonstrate impact of work. • Although review articles may form a portion of the publication list (typically less than 30%) and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles. • Book chapters or reviews alone or in majority will not be sufficient for promotion. • The impact factor of a journal may or may not reflect the quality of the scholarship. For example, in some areas of research the best journal may have a relatively low impact factor but may be highly cited. Conversely, publication in journals with a very high impact factors reflects broader interest but does not in and of itself demonstrate the impact of research. • There should exist a trajectory of increasing scholarly activity and outcomes over time.

Obtaining a national recognition and impact for a program of scholarship (required)	• Evidence of sustained or multiple external peer-reviewed grant support. • Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections. • Social media portfolios such as blog vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics. • The above support the demonstration of national recognition and impact but this list is not comprehensive.
Participation in collaborative, multidisciplinary research or team science	• Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident. • Participation as MPI or co-principal investigator on nationally funded projects, principal investigator of components of NIH U or P grants, and participation as an essential core service provider on multiple externally-funded grants in which the contribution of the faculty member is clearly evident.
Innovation and entrepreneurship	• Entrepreneurship with patents and licenses of invention disclosures, software development, and materials technology commercialization. • Designing and/or supervising the construction of creative products (e.g., new technologies, devices, software, algorithms) which advance health-related science and healthcare. • Developing and securing intellectual property such as patents, patent disclosures and licensing of University-developed intellectual property. • Commercializing intellectual property through innovation and entrepreneurial activities such as entity creation, formation of startup companies and licensing and option agreements. • Engaging in reciprocal partnership with the community, involving mutually beneficial exchanges of knowledge and the creation, delivery and assessment of timely, unbiased, educational materials and programs that address relevant, critical and emerging issues. • Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer- reviewed manuscript, licensing activities that generate revenue should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. • Entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier. In as much as there are no expressly defined metrics for entrepreneurship, the Department will analyze these flexibly.
Evidence of **sustained or multiple** external peer reviewed grant support, national foundation awards, or large-scale industry collaborations (required)	**<u>Candidates *without* significant clinical responsibilities</u>**: • Candidates must have obtained NIH (or equivalent) funding as a principal investigator (PI) or Multiple Principal investigator) (MPI) on a R01 PO1 or U54 or have obtained a mid-career K award or other comparable funding, including but not limited to PCORI, NSF, DoD, DARPA, CDC, USDA, AHRQ, etc. • They should have demonstrated sustainability of their research program by renewal of the award and/or by garnering a second distinct nationally competitive, peer reviewed grant (required). The latter may include support from prominent national charitable foundations (*e.g.*, Orthopaedic Research and Education Foundation, NFL Charities, the American Academy of Orthopaedic Surgeons, orthopaedic subspecialty societies, etc), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of

	Defense and the National Science Foundation. • In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding. **<u>Candidates *with* significant clinical responsibilities</u>:** • Candidates are expected to obtain extramural (NIH or comparable, as defined above) funding as a PI or MPI to support their research program. • Competitive, peer-reviewed career development award funding, such as an NIH K award or national foundation career development award, is acceptable. • In the era of team science, investigators who serve as investigators on multiple NIH R01 grants (or equivalent) can satisfy the requirement for sustained extramural funding if it also meets the salary recovery policy on extramurally funded grants. • Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies will meet the equivalent criteria of extramural funding. • For clinician scientists, depending on the extent of clinical responsibilities, sustained and significant funding through pharmaceutical or other industry for investigator-initiated proposals may be considered. • Serving as the site-principal investigator for a multi-center trial <u>does not</u> satisfy the expectation for extramural funding on the tenure track. • In <u>rare</u> circumstances, a faculty member's expertise may not justify principal investigator level status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding.

TEACHING Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence/Documentation**
A strong and consistent record of effective teaching and mentoring (Required)	• Positive evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers (required). The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Teaching awards and other honors is not required but highly valued. • Teaching excellence is most commonly demonstrated in this track through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals and similar activities. • Documented impact on teaching and training programs, including curricular innovation, new teaching modalities such as web-based design, mobile application, virtual teaching, methods of evaluating teaching, program or course development, publications on teaching, and societal leadership in education. • Development of impactful, innovative programs that integrate teaching, research and patient care are valued. • Programs that improve access to teaching for all learners. • Active participation as a mentor or co-mentor in training grants such as NIH T32 or K-awards, F31, F32 or other mentored fellowship awards for graduate students or postdoctoral fellows is highly valued as a teaching and mentoring activity. • Credible evidence for mentoring requires not only a list of those mentored but their accomplishments, which reflect the effectiveness of the faculty member's mentorship. Achievement by direct mentees includes publications, external funding, and invited presentations. • Professional development in the mentoring or teaching of learners

SERVICE Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. It is additionally expected that the faculty demonstrate evidence of College values. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence/Documentation**
Administrative service to the department, COM, or University	• Appointment to, election to, or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups.

Advocacy for healthcare	• Advocacy for healthcare and community health.
Excellent patient care (if applicable)	• Clinical program development or enhancement. • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program to improve health equity.
Professional service to the field of Orthopaedics	• Evidence of professional service to the faculty member's discipline can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. • Professional service to the faculty member's discipline. • The provision of professional expertise to public and private entities beyond the University, including service on panels and commissions, and professional consultation to industry, government, education, and non-profit organizations. • Evidence of the provision of professional expertise to public and private entities beyond the University includes service as a grant reviewer including service on ad hoc or regular NIH or other federal agency grant study sections, serving as an external program examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. • Service to local and national professional societies, service as an advocate for healthcare and healthcare funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Orthopaedics and The Ohio State University, Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

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

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

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

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

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

Emerging national recognition (required)	• Invitations to serve as ad hoc journal reviewer. • Invited lectures outside of the University. • Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections.
Promising trajectory in extramural funding (Required)	• Serving as a principal investigator on an R21, R03, K award or an equivalent grant, co-investigator status on a R01 NIH grant award. • Serving as principal investigator on foundation or other extramural grants.

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

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

Administrative service to the Department, COM, or University	• Appointment to, election to, or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Service on Department or COM APT committee • Participation on the Institutional Review Board or Intramural Research Review Committee
Advocacy for healthcare	• Advocacy for healthcare and community health
Excellent patient care (if applicable)	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community • Design and implementation of a novel program to improve health equity discrimination.
Professional service to the field of Orthopaedics	• Indicators of service consistent with promotion in advance of tenure will include service primarily within the institution with the beginning of a record of service outside the institution. • Service should also include activities as an ad hoc reviewer for journals or serving on editorial boards or editorships of scholarly journals or textbooks. • Similarly, innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to improve health equity in the Department, College, University or beyond, can be considered service activities. • Provision of professional expertise to public and private entities beyond the University, or service on the advisory board for local and regional academic organizations. • Service as a grant reviewer for national funding agencies, elected or appointed offices held. • Service on panels and commissions, and professional consultation to industry, government, education, and non- profit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

c. Promotion to Professor with Tenure

Faculty Rule 3335-6-02 establishes the following general criteria for promotion to the rank of professor:

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

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

more advanced and sustained quantity, quality and impact than that required for promotion to Associate Professor. Importantly, the standard for external reputation is substantially more rigorous than for promotion to Associate Professor with tenure. This record of excellence must be evident from activities undertaken and accomplishments achieved since being appointed or promoted to the rank of Associate Professor.

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

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

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence /Documentation**
Discovery and dissemination of new knowledge (Required)	• Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, team science, quality improvement, public health and community research, implementation science, and diffusion research, among many potential others. • Substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings.
A sustained record or scholarly productivity, reflected in both quantity and quality of publications (required)	• Candidates for promotion to Professor should ideally have 25-35 peer-reviewed publications since their promotion to Associate Professor (required). However, this is a range that suggests a scope of achievement and not an inflexible requirement for promotion. Overall impact of scholarship is important. • The pattern of scholarship should include a substantial proportion of publications as senior or corresponding author, but importance of other authorship positions as a key/indispensable contributor is considered. • High impact and continued trajectory in their scholarly productivity. • Number of citations of their publications, the trajectory of the publication and/or citation record. • Although review articles may form a portion of the publication list (typically less than 30%) and may be used to indicate that a

	faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles. • Book chapters or reviews alone or in majority will not be sufficient for promotion. • Work showing international impact in the College and University values. • The impact factor of a journal may or may not reflect the quality of the scholarship. For example, in some areas of research the best journal may have a relatively low impact factor but may be highly cited. Conversely, publication in journals with a very high impact factors reflects broader interest but does not in and of itself demonstrate the impact of research. • There should exist a trajectory of increasing scholarly activity and outcomes over time.
National Leadership and/or International Reputation (required)	• Election or appointment to a leadership position in a national or international society. • Service as a national committee or task force chair, service on an NIH or other federal grant review panel, peer recognition or awards for research, editorial boards or editorships of scientific journals, and invited lectures at hospitals or universities outside the country or at meetings of international societies. • Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • National/international reputation/impact may also be demonstrated in part through non-traditional metrics (e.g., social media portfolios, Altmetrics scores) [See Defining Impact above].
Participation in collaborative, multidisciplinary research and team science	• Record of collaborative scholarship with manuscripts on which authorship is first, senior, or corresponding. Middle authorship that is uniquely contributory, clear, and well documented is also valued. • Participation as MPI or co-principal investigator on nationally funded projects, principal investigator of components of NIH U or P grants, and participation as an essential core service provider on multiple externally- funded grants in which the contribution of the faculty member is clearly evident.
Innovation and entrepreneurship	• Entrepreneurship with patents and licenses of invention disclosures, software development, and materials technology commercialization is valued. • Designing and/or supervising the construction of creative products (e.g., new technologies, devices, software, algorithms) which advance health-related science and healthcare. • Developing and securing intellectual property such as patents, patent disclosures and licensing of University-developed intellectual property. • Commercializing intellectual property through innovation and entrepreneurial activities such as entity creation, formation of startup companies and licensing and option agreements. • Engaging in reciprocal partnership with the community, involving mutually beneficial exchanges of knowledge and the creation,

	delivery and assessment of timely, unbiased, educational materials and programs that address relevant, critical and emerging issues. • Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer- reviewed manuscript, licensing activities that generate revenue should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. • Entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier.
Evidence of sustained or multiple external peer reviewed grant support, national foundation awards, or large-scale industry collaborations (required)	**Candidates *without* significant clinical responsibilities**: • 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 extramural funding) since promotion to Associate Professor. • At a minimum, any candidate for promotion to Professor must be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant with a history of at least one competitive renewal and another nationally competitive grant or have simultaneous funding on two NIH R01 (or equivalent) awards. This may include NIH (or comparable) funding as a PI or MPI on a R01, P01, U54, or other comparable funding, including but not limited to the National Science Foundation, the Health Resources and Services Administration, the Patient Centered Outcomes Research Initiative (PCORI), the Department of Defense, the Food and Drug Administration, the US Department of Agriculture, the Agency for Healthcare Research and Quality, the Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention and others. • Other funding sources may include support from prominent national charitable foundations or other funding agencies. Examples include the Orthopaedic Research and Education Foundation, American Academy of Orthopaedic Surgeons, other subspecialty societies, or other federal entities. • Serving as the site-principal investigator for a multi-center trial does not satisfy the expectation for extramural funding on the tenure track. • In some circumstances, a faculty member's expertise (e.g. biostatistician) may not justify principal investigator-level status. In such cases, serving as a co-investigator on multiple NIH grants will satisfy the requirement for extramural funding. **Candidates *with* significant clinical responsibilities:** • Candidates are expected to obtain extramural (NIH or comparable, as defined above) funding as a PI or MPI to support their research program. • In the era of team science, investigators who serve as investigators on multiple NIH R01 grants (or equivalent) can satisfy the

	requirement for sustained extramural funding if it also meets the salary recovery policy on extramurally funded grants. • Similarly, faculty members who generate ongoing support for their research programs through creation of patents that generate licensing income or spin-off companies will meet the equivalent criteria of extramural funding. • For clinician scientists, depending on the extent of clinical responsibilities, sustained and significant funding through pharmaceutical or other industry for investigator-initiated proposals may be considered. • Serving as the site-principal investigator for a multi-center trial does not satisfy the expectation for extramural funding on the tenure track. • In rare circumstances, a faculty member's expertise may not justify principal investigator level status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding.

TEACHING Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence /Documentation**
A strong and consistent record of effective teaching and mentoring (Required)	• A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor (required) • Evidence for exemplary teaching includes outstanding evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers for active participation in teaching, course or workshop leadership and design, a training program directorship, teaching awards, organization of national course and curricula, and/or participation in specialty boards or Residency Review Committees of the Accreditation Council for Graduate Medical Education. The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Programs that improve access to teaching for all learner. • Professional development in the mentoring or teaching of learners. • Candidates with clinical duties should demonstrate consistent and effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs.
Mentorship of junior faculty (required)	• Mentorship of junior faculty is expected (required). It is presumed that this will take the form of a primary mentoring relationship, and not just *ad hoc* coaching. Candidates should provide evidence of the impact of their mentorship. • Achievement by direct mentees such as publications, external funding, and invited presentations. • Candidates should provide evidence of the impact of their mentorship. Active participation as a mentor in training grants

	such as NIH T32 or K- awards is highly valued as a teaching and mentoring activity, although providing mentorship on other smaller grants (i.e. FAER, foundation grants, KL1, KL2, SPA, ASA, Grants from National Societies) can satisfy the requirement for promotion.

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

	• Service as a grant reviewer for national funding agencies, elected or appointed offices held. • Service on panels and commissions, and professional consultation to industry, government, education, and non- profit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

2. Promotion of Clinical Faculty

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

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

Clinical Faculty may continue their service to the Department and the University without ever seeking promotion to the next higher faculty rank, simply through repeated reappointment at the same level. However, the goals and objectives of the college and the University are best served when all faculty members strive for continued improvement in all academic areas as measured by meeting or exceeding the requirements for promotion to the next faculty rank.

With the exception of the clinical excellence pathway, the awarding of promotion to the rank of associate professor in the clinical faculty must be based upon convincing evidence that the candidate has developed a national level of impact and recognition since being appointed to the rank of assistant clinical professor.

a. Promotion to Associate Clinical Professor, Clinician Educator Pathway

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

Alternatively, the clinician educator pathway may reflect an outstanding clinician who has a demonstrated record of educating colleagues and peers, such as through invitations to serve as faculty on national continuing medical education programs. While time in position is not part of the criteria for promotion to Associate Clinical Professor on the Clinician Educator Pathway, it is anticipated that candidates will require approximately five years to achieve the level of impact consistent with promotion criteria. Promotion will entail generation of a renewed contract. There is

no presumption of a change in contract terms.

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

SCHOLARSHIP/CREATIVE WORKS/RESEARCH Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence /Documentation**
Contribute to scholarship, academics, and research in their area of expertise (required)	• Contributions to scholarship, a portion of which must be peer-reviewed journal publications. Ideally, 10 peer reviewed written or digital publications (videos, etc.) since appointment as an assistant professor is suggested as a scope of work consistent with promotion to associate professor. However, this range does not represent an inflexible requirement for promotion. Impact of the work is also considered. • When education projects and curricula (multiple) are used as substitutions for scholarly publications, a minimum of 5 peer-reviewed published works is required for promotion. • Demonstrable impact of scholarship may include focus on the pedagogy of education and publications in this domain. • Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula and methods of evaluation. • The Department will consider including social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics and consider incorporating the use of Altmetrics to assess the impact of the candidate's work using traditional and social media platforms [see Defining Impact above]. • These non-traditional metrics do not in and of themselves demonstrate the impact of research. • Published work based on areas of clinical expertise which form the basis for teaching of colleagues and peers may include, but are not limited to review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. • Development of peer-reviewed web-based or video teaching modules and other digital media are considered to be published works. • Meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual and identifiable expertise was essential to the publication are regarded as having merit equivalent to those that are first or senior author. • At the discretion of the department P&T committee, the creation of new, novel and significantly impactful curriculum or education related projects may be considered as a substitute for formal publication.
Impactful educational contributions made within and external to the institution	• For promotion to associate professor, these activities can occur locally, regionally or nationally. • When particularly impactful education projects and curriculum are substituted for publications, the candidate must demonstrate that their involvement and contributions were significant.

	Examples of impactful education projects may include the following: • The creation and implementation of a new and novel formal curriculum for learners within the department, regionally or nationally, implementing a formal lecture series for residents, implementing a new rotation curriculum for medical students that includes rotation goals and objectives, reading assignments and quizzes or creation of a maintenance of certification course for faculty. • Regional and national engagement on education initiatives that demonstrate impact through the development and implementation of new, novel and impactful education resources. • Significant contribution to a question database, participation as a question writer for a board exam, oversight or significant involvement in a committee or society education project for creation of an education related database, reference or clinical guidelines, creation of a formal training resource through a subspecialty society. • Particularly impactful involvement or leadership in local, regional or national education related committees and projects. Examples include, but are not limited to, being the chair of the department clinical competency committee, the chair of a state or subspecialty society committee overseeing resident and medical student engagement, being the chair or director over the planning of an annual society meeting, leading a subcommittee that creates curriculum for a website. • Regional or national presentations related to education pedagogy. • Work done in consultation with other institutions to share education programs or projects created at OSU. Examples include visiting another institution or hosting visitors to demonstrate best practice in education program administration or curriculum, sharing and assisting with the implementation of local curriculum, research projects or quality initiatives with another medical student, residency or fellowship program, invitation to serve as an education consultant outside to other programs. • Collaboration with other education programs to create projects, curriculum, research or scholarly work, regardless of publication. • Development of social media platforms which focus on medical education, patient education, quality and patient safety or faculty development.

Obtaining a national recognition and impact for a program of scholarship (required)* * Note – a national reputation is required. This can be demonstrated via recognition of scholarship or as an educator (see prior table) or a combination.	• Invited platform presentations at national/international scientific sessions. • Visiting Professorships / Grand Rounds invitations at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections. • Social media portfolios such as blog vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics. • The above support the demonstration of national recognition and impact but this list is not comprehensive.

SERVICE Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence/Documentation**
Administrative service to the Department, COM, or University	• Participation or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program to improve health equity.
Professional service to the field of Orthopaedics	• Leadership of or election to a national committee or organization • Development or expansion of initiatives that impact the field of orthopaedics • Provision of professional expertise to public and private entities beyond the University. • Performing journal reviews. • Serving on editorial boards or editorships. • Service as a grant reviewer for national funding agencies, elected or appointed offices held.
	• Service to local and national professional societies, service as an advocate for healthcare, community health, and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Orthopaedics and The Ohio State University. • Service on panels and commissions, and professional consultation to industry, government, education, and non-profit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

Innovative program development	• Development of initiatives or design and implementation of novel programs within the Department, College, University or beyond
Advocacy for healthcare	• Advocacy for healthcare, community health, and funding at the level of local, state, and federal agencies
Provision of professional expertise to public and private entities beyond the University	• Election to Board of Directors or other national leadership position in a public or private entity that enhances the field of orthopaedics or medicine.

b. Promotion to Clinical Professor, Clinician Educator Pathway

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

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

TEACHING Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence/Documentation**
Distinctive record of superlative teaching excellence (Required)	• A documented record of sustained teaching and mentoring excellence is required for promotion. Candidates must demonstrate the impact of their teaching and mentoring. • Sustained positive evaluations by students, residents, fellows, local colleagues and/or national peers (required) • Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). • Teaching and/or mentoring awards and other honors are not required but highly valued. • Demonstration of impact on teaching and training programs, including, but not limited to: curriculum/web-based design and implementation; innovative teaching practices; modules; incorporating social and digital media-based platforms focusing on medical education, patient education, quality and patient safety or faculty development education; leadership of nationally or internationally funded or national multi-institutional educational projects; and publications.

Mentorship of Junior Faculty (required)	• Achievement by direct mentees, including publications, external funding, and invited presentations • Candidates should demonstrate evidence of mentoring or other career development activities for other faculty members. This should take the form of a primary mentoring relationship, not ad hoc career coaching • Professional development in the mentoring or teaching of learners.
Further development of a National Reputation for teaching excellence with international influence (Required)* * Note – A well-developed national reputation with international influence is required for promotion to professor. This can be achieved based on teaching excellence or scholarship (as noted in the next table) or a combination.	• National recognition of teaching excellence including appointments to, and service on, national education committees such as Accreditation Council for Graduate Medical Education, National Medical Association, American Association of Higher Education, Association of American Colleges and Universities or Association of American Medical Colleges, including specialty boards or national or international professional societies. • Participation in the publication of material of an instructional nature or evidence of production of other forms of teaching material used nationally (e.g. digital products, computer programs, etc.). • Leading a nationally funded or national multi-institutional educational project. • Participation in teaching, didactics or workshops for national professional organizations with positive lecture evaluations. • Participation in the development of educational materials national professional organizations. • Development of social media platforms which focus on medical education, patient education, quality and patient safety or faculty development. • Visiting professor speaking engagements to other institutions nationally. • Leadership of a national committee work product, ideally related to education.
Favorable impact on teaching and training programs	• Curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. • Development of impactful, innovative programs that integrate teaching, research and patient care. • Professional developing in mentoring or teaching.

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

Contribute to scholarship, academics, and research in their area of expertise (Required)	• Demonstration of impact of scholarship, which may focus on the pedagogy of education via published work in this domain. Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula, and methods of evaluation. • Ideally 15, with a minimum of 10, peer reviewed written or digital publications of this type since appointment or promotion to associate professor is suggested as a scope of work consistent with promotion to professor. However, this range does not represent an inflexible requirement for promotion. • When education projects and curricula (multiple) are used as substitutions for scholarly publications, a minimum of 10 published works (up to 15) is required. • Impact of the projects and curriculum will help inform the COM if more published works (up to 10) should be considered in determining if promotion criteria are met. • The Department considers including social media portfolios such as blog/vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics and considers incorporating the use of Altmetrics to assess impact [see Defining Impact above]. However, these non-traditional metrics do not in and of themselves demonstrate the impact of research. • Faculty may publish works based on their areas of clinical expertise which form the basis for their teaching of colleagues and peers. These may include, but are not limited to, review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. • Development of web-based or video-teaching modules and other digital media are considered to be published works. • Meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual and identifiable expertise was essential to the publication are regarded as having merit equivalent to those that are first or senior author. • At the discretion of the department P&T committee, the creation of new, novel and significantly impactful curriculum or education related projects may be considered as a substitute for formal publication, particularly when they contribute to national reputation. • Consideration will be given for impactful contributions to education made within the institution, and for those that are shared outside of the department through publication, society and conference engagement, national presentations or through consultation with the leadership of outside programs. Such activities must include demonstrable national impact. • When particularly impactful education projects and curriculum are substituted for publications, the candidate must provide evidence that their involvement and contributions were significant. Examples of impactful education projects include: • The creation and implementation of a new and novel formal curriculum for learners within the department, regionally or nationally. Examples might include, but are not limited to, implementing a formal lecture series for residents, implementing a new rotation curriculum for medical students that includes rotation

	goals and objectives, reading assignments and quizzes or creation of a maintenance of certification course for faculty. • National engagement on education initiatives that demonstrate impact through the development and implementation of new, novel or impactful education resources. Such activities may include, but are not limited to, significant contribution to a question database, participation as a question writer for a board exam, oversight or significant involvement in a national committee or national society education project for creation of an education related database, reference or clinical guidelines, creation of a formal training resource through a national subspecialty society. • Candidates must be able to demonstrate a significant level engagement.
Candidate has attained a well-developed national reputation and/or international influence as a leader in scholarship in their field (required) * Note – a well-developed national reputation and international influence is required for promotion to professor. This can be achieved based on teaching excellence (as noted in the prior table) or scholarship or a combination	• Invited platform presentations at national/ international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections. • Social media portfolios such as blog vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics. • Particularly impactful involvement or leadership in national education related committees and projects. Examples might include, but are not limited to, serving as the chair of a national subspecialty society committee overseeing resident and medical student engagement, being the chair or director over the planning of an annual national society meeting, leading a subcommittee that creates curriculum for a website. • National/international presentations related to education pedagogy. • Work done in consultation with other national institutions to share education programs or projects created at OSU. Examples might include visiting another institution or hosting visitors to demonstrate best practice in education program administration or curriculum, sharing and assisting with the implementation of local curriculum, research projects or quality initiatives with another medical student, residency or fellowship program, invitation to serve as an education consultant outside to other programs.
	• Collaboration with other national education programs to create projects, curriculum, research or scholarly work, regardless of publication. • Development of social media platforms which focus on medical education, patient education, quality and patient safety or faculty development.

SERVICE

Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. It is additionally expected that the faculty demonstrate evidence of College values. **Required elements are noted.**

Examples of Expectations	Examples of Evidence/Documentation
Administrative leadership in the Department, COM, or University	• Leadership of departmental, COM, hospital or University committees, working groups, divisions, or centers

Professional service or provision of expertise outside the institution	• Service to the institution and profession is an expectation for promotion to professor. Service is broadly defined to include administrative service to the University, patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. • Professional service could include, but is not limited to: peer reviews of manuscripts and grant applications; service on editorial boards; development of innovative programs that advance the mission of the university, such as creation and maintenance of a program to deliver healthcare to the community; design and implementation of a novel program that involves collaborative efforts within the Department, College, University or beyond.
Innovative program development that advance the mission of the department, COM, university	• Creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program within the Department, COM, University or beyond.
Advocacy for healthcare	• Advocacy for healthcare and community health. • Funding at the level of local, state, and federal agencies.
Excellent patient care	• Clinical program development or enhancement. • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program to improve health equity.
Professional service to the field of Orthopaedics	• Leadership of or election to a national committee or organization • Development or expansion of initiatives that impact the field of orthopaedics or medicine. • Provision of professional expertise to public and private entities beyond the University. • Performing journal reviews. • Serving on editorial boards or editorships. • Service as a grant reviewer for national funding agencies, elected or appointed offices held. • Service to local and national professional societies, service as an advocate for healthcare, community health, and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Orthopaedics and The Ohio State University. • Service on panels and commissions, and professional consultation to industry, government, education, and non- profit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

c. Promotion to Associate Clinical Professor, Clinician Scholar Pathway

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

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

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

Favorable impact on teaching and training programs	• Curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development • Development of impactful, innovative programs that integrate teaching, research and patient care are particularly valued • Professional development in the mentoring or teaching.

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

Participation in collaborative, multidisciplinary research or team science	• Record of collaborative scholarship with manuscripts on which authorship is first, senior, or corresponding. Middle authorship that is uniquely contributory, clear, and well documented is also valued. • Participation as co-principal investigator on nationally funded projects, principal investigator of components of NIH U or P grants, and participation as an essential core service provider on multiple externally-funded grants in which the contribution of the faculty member is clearly evident.
Acquired competitive external or internal funding in support of their research program (required)	• Faculty on this pathway should have acquired external funding as Co- Investigators in support of their program of scholarship. • Candidates should have a track record of being investigators primarily in NIH (or equivalent grant mechanism, i.e. CDC, NSF, DoD, PCORI,), foundation, national society grants (IARS, FAER, SPA, ASA, etc.) and industry grants (for both multi-center clinical trials and investigator-initiated trials or studies). • Investigator status on industry sponsored trials must include extramurally funded investigator-initiated trials or studies; a multi-centered industry sponsored trial alone is not sufficient for promotion, unless the investigator contributes as a co-author on the peer-reviewed publication of the findings. • Entrepreneurship and appropriate commercialization of new discoveries are also evidence of scholarly activity as described in Section VI.A.1 and will be viewed favorably.
National recognition or Impact (required)	• Invitations to serve as ad hoc journal reviewer. • Invited lectures outside of the University. • Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections.

SERVICE Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence/Documentation**
Administrative service to the department, COM, or University	• Participation or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee

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

d. Promotion to Clinical Professor, Clinician Scholar Pathway

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

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

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

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

Acquired competitive external or internal funding in support of their research program **and demonstration of sustainability** (required)	• Faculty should ideally have been Investigators on multiple grants from NIH (or equivalent grant mechanism, i.e. CDC, NSF, DoD, PCORI,), foundation, national society grants (IARS, FAER, SPA, ASA, etc.) or industry grants (for both multi-center clinical trials and investigator-initiated trials or studies) • Sustainability of funding is a pre-requisite for promotion to Clinical Professor (for example, as evidenced by grant renewal). • Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VI.A.1.A and will be viewed favorably. • Creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding.
Expanded national impact or international recognition for scholarship (Required)	• Invited platform presentations at national/international scientific sessions. • National impact through invitations to serve as faculty on continuing medical education programs at national meetings or societal leadership, or other national-level activities. • Visiting Professorships / Grand Rounds invitations at institutions beyond the Midwest region • Invitations to serve on editorial boards, study sections, and grant review sections for national organizations • Invitations to present at international meetings • Selection for international traveling fellowships • Social media portfolios such as blog vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics. • The above support the demonstration of national recognition or international impact but this list is not comprehensive.

SERVICE Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence/Documentation**
Administrative service to the department, COM, or University	• Leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Service on departmental or College of Medicine P&T Committee • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community. • Design and implementation of a novel program to improve health equity.

Professional service to the field of Orthopaedics	• Promotion to the rank of Professor requires service with distinction to the Department, College and the University, and in a national context. • The faculty member should have increased levels of responsibility and leadership (e.g. committee chair or elected office in national or international organizations) since appointment or promotion to Associate Clinical Professor. • The faculty member should have made new service contributions of significant impact as an Associate Clinical Professor. • Candidates may have led the development of new and innovative clinical or clinical research programs which received national recognition and participated in leadership positions of learned academic professional societies. • Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, serve on editorial boards, leadership positions in professional societies. • In addition, invitation to serve as external evaluators for promotion candidates from peer institutions is a reflection of national reputation, as is a visiting professorship invitation to another academic institution. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
Innovative program development	• Development of initiatives that promote improved health care access and health equity.
Advocacy for healthcare	• Advocacy for healthcare, community health • Funding at the level of local, state, and federal agencies
Provision of professional expertise to public and private entities beyond the University	• Election to Board of Directors or other national leadership position in a public or private entity that enhances the field of orthopaedics or medicine.

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

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

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

e. Promotion to Associate Clinical Professor, Clinical Excellence Pathway

Promotion to the rank of Associate Clinical Professor on the Clinical Excellence Pathway must be based upon convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual physician's scope or sphere of influence, particularly outside the OSU/NCH system. Social and digital media outlets can be used to demonstrate impact. However, these nontraditional metrics do not in and of themselves demonstrate clinical excellence.

Promotion will not be granted purely on the basis of length of service to the institution or satisfactory job performance. While time in position is not part of the criteria for promotion to Associate Clinical Professor on the Clinical Excellence Pathway, it is anticipated that candidates will require approximately five years to achieve the level of impact consistent with promotion criteria.

One of the most important measures of excellence in the scholarship of practice is the clear demonstration of evidence that activities or innovations of an individual faculty member have contributed to a change in the scope and the nature of practice in their own discipline. Another piece of evidence could be the development of new and innovative approaches to the clinical

management of challenging clinical problems.

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

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

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

CRITERIA FOR PROMOTION TO ASSOCIATE CLINICALPROFESSOR, CLINICAL EXCELLENCE PATHWAY Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence/Documentation**
Teaching Excellence	• Not required, although participation in teaching and mentoring of trainees and early career faculty is valued and may be included
Scholarship Excellence	• Not required • While traditional research (e.g., clinical, translational, basic, or population health science) is not a focus of this pathway, publications or written reports demonstrating success in clinical performance (as detailed below) are valued

Excellence in clinical performance, clinical leadership and unique clinical program development (Required)	• Basic requirements:
	  • Achievement of clinical goals for service
	  • Excellent citizenship that promotes the advancement of high caliber medical care through collaboration with other healthcare providers.
	• Promotion criteria:
	  • Demonstration of excellence: Expertise in clinical field.

	• Demonstration of dissemination of the faculty member's impactful contributions to the advancement of practice within or outside their unit or the institution. • Examples of excellence may include, but are not limited to: • Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant clinical measures such as, but not limited to quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, process improvements, reduction in health disparities, and improvements in community health outcomes where performance measures can easily be internally and externally benchmarked for comparison. The department also recognizes new and emerging methods of dissemination including websites, social media, etc. Clinical productivity metrics (e.g. wRVU, CVU) per se, are not sufficient for supporting excellence in clinical performance. • Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but are not limited to, the number of cases referred for a second opinion, from other states or other regions within Ohio. Traditional and social media can be used to exemplify the impact of the faculty member's excellence (e. g. disease specific or care specific Facebook forums, X/Twitter etc.). • A record that demonstrates that a faculty member is frequently consulted by physicians from outside the OSU system for advice about patient care. This can be in the form of traditional peer-peer consultation. The department remains flexible in assessing media/social media-related consultation methods (e.g. WhatsApp, email etc.). • Evidence that physicians from other medical centers come to OSU/NCH specifically for training by the faculty member, or request proctoring at their home institution by the faculty member, or that the faculty member is frequently consulted by physicians from outside the OSU/NCH system for advice about patient care. • Clinical program development. Evidence that a faculty member has developed a new program or led improvements in an existing program. Subsequent to those innovations, quantifiable evidence that the success of the program is measurably impactful and that it has materially improved or replaced an existing program, or the program has been duplicated or adopted within the Medical Center or by other institutions or practices. • Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians

	within or outside the medical center. For example, innovations that improve delivery of care, such as developing new techniques, implementing new technology or processes like artificial intelligence that lead to demonstrable and measurable evidence that there has been impact shown through elements such as improved patient care, or operational outcomes such as cost/time savings, improved accuracy, and better patient engagement. • Selection for inclusion in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings. • Receipt of awards from local, state, national organizations for clinical excellence. • Participation in the development of institutional or statewide practice guidelines. • Evidence for development of programs to identify healthcare disparities. • Developing programs to enhance education and improve culture of acceptance in the workplace.
Evidence of local or regional reputation (Required)	• A record that demonstrates the faculty member has been invited to lecture locally, regionally or at other hospitals, academic medical centers or statewide professional societies. • The department's reputation may be a reflection of the impact of a member. Therefore, local or regional reputation may be documented by evidence that a faculty member significantly contributed to the ranking or reputation of a practice unit.

f. Promotion to Clinical Professor, Clinical Excellence Pathway

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

CRITERIA FOR PROMOTION TO CLINICAL PROFESSOR, CLINICAL EXCELLENCE PATHWAY Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted**.	
Examples of Expectations	**Examples of Evidence/Documentation**
Teaching Excellence	• Outstanding clinical mentorship of trainees (residents, fellows) and early career faculty with evaluations documenting the faculty members contribution and impact of these efforts. • Peer-evaluations noting excellence in clinical mentorship and guidance.
Scholarship Excellence	• *Not required* • While traditional research (e.g., clinical, translational, basic, or population health science) is not a focus of this pathway, publications or written reports demonstrating success in clinical performance (as detailed below) are valued

Excellence in clinical performance, clinical leadership and unique clinical program development (Required)	• Basic requirements:
	  • Achievement of clinical goals for service
	  • Excellent Citizenship that promotes the advancement of high caliber medical care through collaboration with other health care providers
	• Promotion criteria:
	  • Demonstration of excellence: Leadership in clinical field.
	  • Demonstration of dissemination of the faculty member's contribution to the advancement of practice either in a wider scope and with additional impact than at time of promotion to Associate Clinical Professor or development of new and measurably impactful practice innovations that differ from those at time of last promotion. In the latter case, it is expected that the practice innovation has influenced practice within or outside the institution and that impact is quantifiable.
	
	Examples of excellence may include, but are not limited to:
	• Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant clinical measures such as, but not limited to quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, process improvements, reduction in health disparities, and improvements in community health outcomes where performance measures can easily be internally and externally benchmarked for comparison The department also recognizes new and emerging methods of dissemination including websites, social media, etc. Clinical productivity metrics (e.g. wRVU, CVU) per se, are not sufficient for supporting excellence in clinical performance.
	• Preferred provider recognition. Referral patterns or other

	metrics that indicate acknowledgment of a faculty member's expertise such as, but are not limited to, the number of cases referred for a second opinion, from other states or other countries. • Traditional and social media can be used to exemplify the impact of the faculty member's excellence at the national/international level (e.g., disease specific or care specific Facebook forums, Twitter, etc.) • A record that demonstrates that a faculty member is frequently consulted by physicians from outside the OSU system for advice about patient care. This can be in the form of traditional peer-peer consultation. The department remains flexible in assessing media/social media-related consultation methods (e.g. WhatsApp, email etc.) • Evidence that physicians from other medical centers. outside of Ohio come to OSU/NCH specifically for training by the faculty member, or request proctoring at their home institution by the faculty member, or that the faculty member is frequently consulted by physicians from outside the OSU/NCH system for advice about patient care. • A record that demonstrates the faculty member has been invited to lecture nationally at hospitals, academic medical centers or national professional societies. • Clinical program development. Evidence that a faculty member has developed a new program or led improvements in an existing program. Subsequent to those innovations, quantifiable evidence that the success of the program is measurably impactful and that it has materially improved or replaced an existing program, or the program has been duplicated or adopted within the Medical Center or by other institutions or practices. • Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the medical center. For example, innovations that improve delivery of care, such as developing new techniques, implementing new technology or processes like artificial intelligence that lead to demonstrable and measurable evidence that there has been impact shown through elements such as improved patient care, or operational outcomes such as cost/time savings, improved accuracy, and better patient engagement. • Selection for inclusion in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings. • Receipt of awards from state or national organizations for clinical excellence. • Participation in the development of national practice

	guidelines.
	• Demonstrating regional or national recognition of this work e.g. programs being incorporated at peer institutions.
	• Evidence of faculty member's administrative leadership involves creativity, innovation, and is evaluated by outcomes. These leadership roles may include the following:
	  • Health system leadership of patient care programs, operations or health care finance.
	  • Leadership at the departmental, college, university or national level of programs that advance disease prevention, patient care or faculty and staff wellness.
	  • Leadership at the departmental, college, university or national level of programs that improve health care access.

Evidence of national recognition and impact (Required)	• Other indicators of national recognition and impact include, but are not restricted to, adoption of the faculty member's contribution to the advancement of practice at other institutions, active leadership in national organizations and invitations to consult at or present their innovations at outside institutions. • A unit's reputation may reflect the impact of a member. National reputation may be documented by evidence that a faculty member's direct impact has significantly contributed to the national ranking or national reputation of a practice unit.

3. Promotion of Research Faculty

a. Promotion to Research Associate Professor

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

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

Documentation of a sustained and substantial record of scholarship based in area of expertise. (Required)	• Candidates typically should have 20-25 peer reviewed journal publications since their appointment as research assistant professors. At least 5 first, senior, or corresponding authorships **are required** for promotion. • For all other publications as a significant co-author (not primary author), a faculty member should demonstrate their critical role to a given project. This may include critical method development, training and oversight (mentoring) of junior lab members, and/or conceptualization and execution of the project. • Overall, the number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field, i.e., there should be sufficient numbers of the original peer-reviewed publications to demonstrate impact in the field. Thus, both quality and quantity are important considerations. • Scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Records of scholarship below the specified range do not preclude a positive promotion decision.
A record of continuous peer reviewed extramural and/or commercial funding (required)	• Research faculty typically serve as Co-Investigators. Independent extramural funding as Principal Investigator or Multiple Principal Investigator on an NIH R01 operating grant (or equivalent grant) is not required. • Funding by the NIH, while highly desirable, is not strictly required for promotion for research faculty. Funding as Principal Investigator on a smaller R-grant (R21, R03 or equivalent), or a Society or Foundation grant is highly valued for promotion on the Research faculty. • Other nationally competitive, peer reviewed funding with salary recovery, including support from national foundations, national societies, pharmaceutical industry (investigator-initiated trials or studies), or other federal agencies also meets the requirement for extramural funding. • Licensing activities on patents that generate revenues should be considered equivalent to extramural grant awards
Demonstrate the beginnings of a national recognition of their expertise (Required)	• Invitations to review manuscripts or grant applications. • Invitations to lecture at scientific societies or other universities, consultation with industry or governmental agencies • Requests for collaboration from other universities, request to serve in central roles on multi-center studies • National reputation/impact may also be demonstrated in part through non-traditional metrics (e.g., social media portfolios, Altmetrics scores) [See Defining Impact above]. • Materials transfers agreements (MTA's) should be considered evidence of national (or international) recognition and impact.

b. Promotion to Research Professor

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

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

CRITERIA FOR PROMOTION TO RESEARCH PROFESSOR Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. **Required elements are noted.**	
Examples of Expectations	**Examples of Evidence/Documentation**
Teaching Excellence	• Not required, although participation in teaching and mentoring of trainees and early career faculty is valued and may be included if desired by candidate.
Service Excellence	• Not required
Documentation of a sustained and substantial record of scholarship based in area of expertise. (Required)	• A record of research productivity as a result of grant funding. • 25-35 peer reviewed journal publications since their appointment as research associate professor. • A majority of publications are expected to be first, senior, or corresponding authorships. • The number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. • Scholarship exceeding the specified range is not a guarantee of a positive promotion decision. • A record of scholarship below the specified range does not preclude a positive promotion decision.
A record of continuous peer-reviewed extramural and/or commercial funding (required)	• Demonstration of a sustained record of 95% salary recovery from extramural grant funding sources. • Service as Co-Investigator. Serving as Principal Investigator and obtaining independent extramural funding (Principal Investigator, Multiple Principal Investigator) is not required. • In special cases, where the faculty member can prove a major Co-Investigator role on an R01 with significant (i.e. 20%-30% or greater percent effort), and publications as a first, senior or corresponding author, it is sufficient to satisfy the funding requirement.

Established a national level of recognition and impact beyond established for promotion to associate professor (required)	• This may be reflected by (but not limited to) invitations to review manuscripts especially those in high impact journals, review grant applications to national funding organizations (NIH or equivalent), service on editorial board of journals, invited reviews and book chapters in the candidate's area of expertise, invitations to lecture at scientific societies, other universities or at scientific meetings or universities in other countries, consultation with industry or governmental agencies, requests for collaboration from other universities, request to serve in central roles on multi-center studies, etc. • National reputation/impact may also be demonstrated in part through non-traditional metrics (e.g. social media portfolios, TV news broadcasts, newspapers, Altmetrics scores).
Demonstrate a commitment to College and University values	• Research addressing needs in all communities • Exhibit professionalism and foster a safe and collaborative work environment as evidenced by peer or supervisor letters or awards

4. Promotion of Associated Faculty

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

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

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

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

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

For uncompensated associated faculty other than adjunct appointments, promotion should reflect contributions to the department or college that exceed the activities that represent the basis for their faculty appointment, in most cases related to the educational mission. At the associate professor level this could include service on department and/or college committees, contributions to medical student curriculum development or other evidence of contributions to the educational or scholarly mission of the department or college. For promotion to professor, the level of contribution must demonstrate sustained and enhanced engagement or leadership. The relevant criteria for the promotion of adjunct faculty members shall be the same as those for the promotion of tenure-track, clinical, or research faculty, as appropriate to the appointment.

Procedures for promotion of uncompensated associated faculty:

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

B. Procedures

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

1. Tenure-Track, Clinical, and Research Faculty

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 Department 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.

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.

a. Candidate Responsibilities

Candidates for promotion and tenure or promotion are responsible for submitting a complete, accurate dossier and providing a copy of the APT document under which they wish to be reviewed, if other than the department's current document. If external evaluations are required, candidates are responsible for reviewing the list of potential external evaluators compiled for

their case according to departmental guidelines. Each of these elements is described in detail below.

- **Dossier**

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

While the Promotion and Tenure Committee makes reasonable efforts to check the dossier for accuracy and completeness, the candidate bears full responsibility for all parts of the dossier that are to be completed by him/her/them.

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

Documentation of teaching for the promotion dossier may include:

- cumulative SEI reports (Student Evaluation of Instruction computer-generated summaries prepared by the Office of the University Registrar) for every formal class
- MedHub evaluations
- medical student evaluations (e.g., Vitals)
- peer evaluation of teaching reports as required by the department's peer evaluation of teaching program (details provided in the Appendix E 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 annual 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. Peer evaluation resources can be found here.

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.

For scholarship documentation, a full history of publications and creative work should be included, as this information provides context to the more recent and relevant research record and/or demonstrates scholarly independence. Information about scholarship produced prior to the start date (for probationary faculty) or date of last promotion or reappointment may be provided. Any such material should be clearly indicated. However, it is the scholarship performance since the start date or date of last promotion that is to be the focus of the evaluating parties.

Evidence of scholarship can include: peer reviewed journal articles, bulletins and technical reports, original books and monographs, edited books, chapters in edited books, editor reviewed journal articles, reviews and abstracts, papers in proceedings, unpublished scholarly presentations, externally funded research, funded training grants, other funding for academic work, prizes and awards for research or scholarly or creative work, major professional awards and commendations. Evidence of scholarship may also include invited lectures at other universities, symposia, and conferences; invention disclosures, patent activity, entrepreneurship, technology commercialization, software development; editorship of a major collection of research work; leadership of advanced seminars and symposia under organizational sponsorship; and invitations to serve on national review bodies.

Documentation of scholarship also includes grants and contracts submitted and received, and a demonstration of the impact of the scholarship, as documented with citation data, impact factors, book distribution data or sales figures, adoption of texts or procedures by external departments or academic health centers, and so forth.

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

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.

The complete dossier is forwarded when the review moves beyond the department. The documentation of teaching is forwarded along with the dossier. The documentation of scholarship and service is for use during the department review only, unless reviewers at the college and university levels specifically request it.

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

  Candidates must indicate the APT document under which they wish to be reviewed. A candidate may be reviewed using the department's current APT document, or they may elect to be reviewed under either (a) the APT document that was in effect on their start date, or (b) the APT document that was in effect on the date of their last promotion (or last reappointment in the case of clinical and research faculty), whichever of these two latter documents is the more recent. However, for tenure track faculty the current APT document must be used if the letter of offer or last promotion, whichever is more recent, was more than 10 years before April 1 of the review year.

  If a candidate wishes to be reviewed under an APT other than the current approved version available here, a copy of the APT document under which the candidate has elected to be reviewed must be submitted when the dossier is submitted to the department.

- **External Evaluations (see external evaluations below)**

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

b. Promotion and Tenure Committee Responsibilities

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

- To review this APT document annually and to recommend proposed revisions to the faculty.

- To consider annually, in spring semester, requests from faculty members seeking a nonmandatory 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 (including student and peer evaluations of teaching as appropriate). Lack of the required documentation is necessary and sufficient grounds on which to deny a non-mandatory review.

    - A tenured faculty member may be denied a formal promotion review under Faculty Rule 3335-6-04A(3) only once. Faculty Rules 3335-7-08 and 3335-7-36 make the same provision for non-probationary clinical and research faculty, respectively. If the denial is based on lack of required documentation and the faculty member insists that the review go forward in the following year despite incomplete documentation, the individual should be advised that such a review is unlikely to be successful. Faculty in the probationary period of a tenure track, clinical, or research appointment may be denied each year of the probationary period up to the year of the mandatory review.

- A decision by the 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, 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 here.

    - **Late Spring**: Suggest names of external evaluators to the department chair. The external evaluators will be drawn predominantly from the lists of peer and

aspirational peer programs (see Section VI.B.4 below). Justification will be provided in cases when a suggested evaluator is from a program not included on these lists.

- **Summer:** Gather internal evidence of the quality of the candidate's teaching, scholarship, and service from students and peers, as appropriate, within the department.

- **Late Summer/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 his or her dossier. This meeting is not an occasion to debate the candidate's record.

- Establish a mechanism for each candidate's dossier to be accessible for review by the eligible faculty (e.g. secure website) at least two weeks before the meeting at which specific cases are to be discussed and voted.

- 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 meeting of the full eligible faculty, to include the faculty vote and a summary of the faculty perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the department chair.

- 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 from another tenure-initiating unit. The full eligible faculty does not vote on these cases since the department's recommendation must be provided to the other tenure-initiating unit substantially earlier than the committee begins meeting on this department's cases.

c. Eligible Faculty Responsibilities

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

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.

- The evaluation by the eligible faculty is not advisory to the department chair but represents an independent voice of the faculty.

- The Committee of the Eligible Faculty chair will write a letter to the department chair reporting the vote and summarizing the discussion of the eligible faculty. This letter will be evaluative as well as descriptive and comment on discussions justifying the final recommendation and vote, considering areas of strength and areas in which there might have been greater achievement. In the event the candidate is on the tenure track, this letter must be written by a tenured faculty member at the appropriate rank per University Faculty Rules.

d. 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. The department will ensure that such questions are asked of all candidates in a non-discriminatory manner. For tenure-track assistant professors, the department chair will confirm that candidates are eligible to work in the U.S. Candidates who are not U.S. citizens or nationals, permanent residents, asylees, or refugees will be required to sign an MOU at the time of promotion with tenure.

- **Late Spring**: 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.). The list of suggested institutions for external review is found in Appendix F.

- To review faculty with budgeted joint appointments whose primary appointment is in this department. The department chair will seek a letter of evaluation from the TIU head of

the joint appointment unit. The input should be in the form of a narrative commenting on faculty duties, responsibilities, and workload; on any additional assignments; and on impact of the work of the individual in the field of the joint unit.

- To make each candidate's dossier available in an accessible place for review by the eligible faculty at least two weeks before the meeting at which specific cases are to be discussed and voted.

- To charge each member of the Eligible Faculty Committee to conduct reviews free of bias and based on criteria.

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

Mid-Autumn:

- 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. The letter is accompanied by a form that the candidate returns to the department chair, indicating whether or not they expect to submit comments.

- 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.

- To receive the Promotion and Tenure Committee's written evaluation and recommendation of candidates who are joint appointees from other tenure initiating units, and to forward this material, along with the department chair's independent written

evaluation and recommendation, to the department chair of the other tenure initiating unit by the date requested.

2. Procedures for Associated Faculty

Adjunct faculty and associated clinical practice faculty for whom promotion is a possibility follow the promotion guidelines and procedures detailed in Section VI.B above, with the exception that the review does not proceed to the college level if the department chair's recommendation is negative (a negative recommendation by the department chair is final in such cases), and does not proceed to the executive vice president and provost if the dean's recommendation is negative.

3. External Evaluations

This department will seek external evaluations from a broad group of peer and near-peer aspirational programs from around the country (Appendix F). Reviews are not required to come from specific institutions.

External evaluations are obtained for all promotion and/or tenure reviews with the exception of faculty seeking promotion to associate clinical professor on the clinical excellence pathway. 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. In the event that the person(s) suggested by the candidate do not agree to write, neither the Office of Academic Affairs nor this department requires that the dossier contain letters from evaluators suggested by the candidate.

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

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

- Is written by a person highly qualified to judge the candidate's research (or other performance, if relevant) who can give an “arms’ length” evaluation of the research record and is not a close personal friend, research collaborator, or former academic advisor or post-doctoral or residency mentor of the candidate (see description of conflict of interest for external reviewers just above). Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. This department will only solicit evaluations from 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.

In the event that the department is unable to obtain the required number of external evaluations, it must document its efforts, noting the individuals who were contacted, how they were contacted, and the dates and number of times they were contacted. The department is to notify the college as soon as it becomes apparent that it will not be able to obtain the required letters in time for the meeting of the eligible faculty. The lack of five external letters (three for clinical excellence and clinician educator pathways) will not stop a mandatory review from proceeding but will halt a non-mandatory review from proceeding unless the candidate, P&T chair, and the department chair all agree in writing that it may proceed and agree that it will not constitute a procedural error. Faculty on the clinical excellence pathway moving to Associate Clinical Professor may have three internal letters of evaluation; faculty moving to Clinical Professor should have at least one external letter of evaluation out the three total letters.

Since the department cannot control who agrees to write and or the usefulness of the letters received, at least twice as many more letters are sought than are required, and they are solicited before the end of the academic year 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.

The department follows the Office of Academic Affairs suggested format for letters requesting external evaluations. A sample letter for tenure-track and research faculty can be found here. A sample letter for clinical faculty can be found here.

Under no circumstances may a candidate solicit external evaluations or initiate contact in any way with external evaluators for any purpose related to the promotion review. If an external evaluator should initiate contact with the candidate regarding the review, the candidate must inform the evaluator that such communication is inappropriate and report the occurrence to the department chair, who will decide what, if any, action is warranted (requesting permission from the Office of Academic Affairs to exclude that letter from the dossier). It is in the candidate's

self-interest to assure that there is no ethical or procedural lapse, or the appearance of such a lapse, in the course of the review process.

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

VII. PROMOTION AND TENURE AND REAPPOINTMENT APPEALS

Faculty members who believe they have been evaluated improperly for tenure, promotion, or reappointment may appeal a negative decision to the University Senate Committee on Academic Freedom and Responsibility.

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

Performance that is adequate for annual reappointment may not be adequate for the granting of promotion or tenure with promotion for faculty on the tenure track or, in the case of clinical or research faculty, for securing a reappointment.

Faculty Rule 3335-6-05 sets forth general criteria for appeals of negative promotion and tenure decisions.

Appeals alleging improper evaluation are described in Faculty Rule 3335-5-05.

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

VIII. REVIEWS IN THE FINAL YEAR OF PROBATION

In most instances, a decision to deny promotion and tenure in the penultimate probationary year (11th year for faculty members with 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 department chair, and may not come from the faculty member themself. 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 this Department and the College, it will be made consistent with this document, the College's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by: (l) the College, (2) the

Rules of the University Faculty, (3) the Office of Academic Affairs, including the Office of Academic Affairs Policies and Procedures Handbook, and (4) the Office of Human Resources.

IX. PROCEDURES FOR STUDENT AND PEER EVALUATION OF TEACHING

A. Student Evaluation of Teaching

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

For formal University courses taught by members of this department, the University's Student Evaluation of Instruction (SEI) should be utilized to assess performance. Faculty members should choose a day late in the semester when attendance is likely to be high if students will be asked to complete the evaluation using a mobile application. The faculty member must leave the classroom during the time allotted for completing the evaluation. The faculty member should reiterate to students that the feedback provided in the evaluations is used both for performance reviews and to provide feedback that can be taken into account in future teaching.

"Student" in the context of our clinical department will comprise all learners, including medical students, interns, residents, and fellows.

1. Medical Students

   Medical students participating in the orthopaedic surgery service—whether as an M1/M2 in the Longitudinal Practice program, as an M3 or M4 on service, or attending a lecture or session led by a faculty member—should complete a teaching evaluation form through the College of Medicine. These evaluations are stored on the VITALS system.
2. Residents and Fellows

   At the end of a resident's or fellow's rotation on a particular service, they receive an evaluation form for all faculty members on that service through MedHub. They also complete a rotation evaluation form via MedHub. Currently, these forms are administered every two months. In addition to clinical rotation evaluations, residents complete a didactic teaching evaluation form after every didactic lecture given by a faculty member.

B. Peer Evaluation of Teaching

1. Departmental and other Faculty Peers

Peers who directly observe a faculty member deliver a teaching presentation will be encouraged to complete an evaluation of the faculty teaching (Appendix E-1). These evaluation forms can be administered by the Department Chair or by the VC of Education, or by the Division Chief.

2. Division Peers

   In addition, a more general peer teaching evaluation forms (Appendix E-2) will be emailed to faculty within the same division on an annual basis 1-2 months prior to the end of academic year. These faculty typically interact with one another and with students on a weekly basis such as during clinic, operative cases, and subspecialty conferences. These evaluation forms can be administered by the Department Chair or by the VC of Education, or by the Division Chief.

3. Division Chief

   All completed teaching evaluation forms (from students and peers) will be collated by the VC of Education or Education Manager and sent to the Division Chief prior to the annual review. The Division Chief must then summarize the teaching performance of the faculty member and complete the peer teaching evaluation form (Appendix E-2) as well. This form and the end of year review letter will be presented to and discussed with the faculty member at the time of their annual review. Opportunities for improvement and goals for the following year will be incorporated into the Chief's annual review, which is then forwarded to the Department Chair.

4. Department Chair

   The Department Chair will receive the completed teaching evaluation forms from the VC of Education or Education Manager for all Division Chiefs and will summarize the teaching performance of the Division Chiefs during their annual review.

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 non-tenure track and not on clinical or research faculty appointments. 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 category for physicians who primarily engage in clinical teaching and practice.

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

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

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

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

Faculty appointment types – the College of Medicine has four: Tenure-track, Clinical, Research, and Associated

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 faculty review dates

Prior Service Credit – Application of years of service at the University in one faculty category or rank applied to another category or rank when a faculty member transfers appointments 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 clinical service). 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 Faculty – the faculty category for basic scientists who engage primarily 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

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.

B. STATEMENT OF PROFESSIONAL ETHICS - AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS

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

Introduction

From its inception, the American Association of University Professors has recognized that membership in the academic profession carries with it special responsibilities. The Association has consistently affirmed these responsibilities in major policy statements, providing guidance to professors in such matters as their utterances as citizens, the exercise of their responsibilities to students and colleagues, and their conduct when resigning from an institution or when undertaking sponsored research. The *Statement on Professional Ethics* that follows sets forth those general standards that serve as a reminder of the variety of responsibilities assumed by all members of the profession.

In the enforcement of ethical standards, the academic profession differs from those of law and medicine, whose associations act to ensure the integrity of members engaged in private practice. In the academic profession the individual institution of higher learning provides this assurance and so should normally handle questions concerning propriety of conduct within its own framework by reference to a faculty group. The Association supports such local action and stands ready, through the general secretary and the Committee on Professional Ethics, to counsel with members of the academic community concerning questions of professional ethics and to inquire into complaints when local consideration is impossible or inappropriate. If the alleged offense is deemed sufficiently serious to raise the possibility of adverse action, the procedures should be in accordance with the 1940 *Statement of Principles on Academic Freedom and Tenure,* the 1958 *Statement on Procedural Standards in Faculty Dismissal Proceedings,* or the applicable provisions of the Association's *Recommended Institutional Regulations on Academic Freedom and Tenure.*

The Statement

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.

American Association of University Professors
1133 Nineteenth Street, NW, Suite 200
Washington, DC 20036
Phone: 202-737-5900 | Fax: 202-737-5526

C. Principles of Medical Ethics and Professionalism in Orthopaedic Surgery

The following *Principles of Medical Ethics and Professionalism in Orthopaedic Surgery* have been adopted by the Board of Directors of the American Academy of Orthopaedic Surgeons. They are not laws, but rather standards of conduct that define the essentials of honorable behavior for the orthopaedic surgeon.

I. Physician-Patient Relationship. The orthopaedic profession exists for the primary purpose of caring for the patient. The physician-patient relationship is the central focus of all ethical concerns. The orthopaedic surgeon should be dedicated to providing competent medical service with compassion and respect.

II. Integrity. The orthopaedic surgeon should maintain a reputation for truth and honesty with patients and colleagues, and should strive to expose through the appropriate review process those physicians who are deficient in character or competence or who engage in fraud or deception.

III. Legalities and Honor. The orthopaedic surgeon must obey the law, uphold the dignity and honor of the profession, and accept the profession's self-imposed discipline. The orthopaedic surgeon also has a responsibility to seek changes in legal requirements that are contrary to the best interest of the patient.

IV. Conflicts of Interest. The practice of medicine inherently presents potential conflicts of interest. Wherever a conflict of interest arises, it must be resolved in the best interest of the patient. The orthopaedic surgeon should exercise all reasonable alternatives to ensure that the most appropriate care is provided to the patient. If a conflict of interest cannot be resolved, the orthopaedic surgeon should notify the patient of his or her intention to withdraw from the care of the patient.

V. Confidentiality. The orthopaedic surgeon should respect the rights of patients, of colleagues, and of other health professionals and must safeguard patient confidences within the constraints of the law.

VI. Medical Knowledge. The orthopaedic surgeon continually must strive to maintain and improve medical knowledge and to make relevant information available to patients, colleagues, and the public

VII. Cooperation. Good relationships among physicians, nurses, and health care professionals are essential for good patient care. The orthopaedic surgeon should promote the development of an expert health care team that will work together harmoniously to provide optimal patient care.

VIII. Remuneration. Remuneration for orthopaedic services should be commensurate with the services rendered. Orthopaedic surgeons should deliver high quality, cost-effective care without discrimination.

IX. Publicity. The orthopaedic surgeon should not publicize himself or herself through any medium or form of public communication in an untruthful, misleading, or deceptive manner.

X. Societal Responsibility. The orthopaedic surgeon has a responsibility not only to the individual patient, to colleagues and orthopaedic surgeons-in-training, but also to society as a whole. Activities that have the purpose of improving the health and well-being of the patient and/or the community in a cost-effective way deserve the interest, support, and participation of the orthopaedic surgeon.

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APPENDIX D. PEER-REVIEWED ORTHOPAEDIC AND MUSCULOSKELETAL JOURNALS

	Journal	Impact Factor
1	Biomaterials	12.8
2	Br J Sports Med	11.6
3	Sports Med	9.3
4	Osteoarthritis Cartilage	7.2
5	Bone Joint J	4.9
6	Spine J	4.9
7	Cancers (Basel)	4.5
8	J Bone Joint Surg Am	4.4
9	Arthroscopy	4.4
10	J Am Geriatr Soc	4.3
11	Am J Sports Med	4.2
12	Clin Orthop Relat Res	4.2
13	Med Sci Sports Exer	4.1
14	Antimicrob Agents Chemo	4.1
15	Knee Surg Relat Res	4.1
16	J Arthroplasty	3.4
17	Knee Surg Sports Traumatol Arthrosc	3.3
18	J Sport Sci Med	3.2
19	Appl Ergon	3.1
20	J Sci Med Sports	3
21	Ann Biomed Eng	3
22	Curr Rev Musculoskelet Med	2.9
23	PLOS One	2.9
24	J Trauma Acute Care Surg	2.9
25	J Shoulder Elbow Surg	2.9
26	Sports Health	2.7
27	Cartilage	2.7
28	JISAKOS	2.7
29	J Athl Train	2.6
30	J Am Acad Orthop Surg	2.6
31	Spine	2.6
32	Eur Spine J	2.6
33	Global Spine J	2.6

34	Acta Orthop	2.5
35	J Strength Cond Res	2.5
36	Foot Ankle Intl	2.4
37	Orthop J Sports Med	2.4
38	J Biomech	2.4
39	J Sports Sci	2.3
40	Orthop Traumatol Surg Res	2.3
41	Injury	2.2
42	Phys Ther Sport	2.2
43	Gait Posture	2.2
44	J Orthop Res	2.1
45	Clin J Sport Med	2.1
46	J Hand Surg Am	2.1
47	J Surg Oncol	2
48	Int J Sports Med	2
49	Ergonomics	2
50	Arch Orthop Trauma Surg	2
51	J Hand Surg Eur	2
52	J Am Acad Orthop Surg Glob Res Rev	2
53	Foot Ankle Surg	1.9
54	Phys Sportsmed	1.9
55	Clin Sports Med	1.9
56	World Neurosurg	1.9
57	Orthop Surg	1.8
58	Foot Ankle Spec	1.8
59	JBJS Reviews	1.7
60	HERD	1.7
61	J Biomech Eng	1.7
62	HSS	1.6
63	J Orthop Trauma	1.6
64	Knee	1.6
65	Clin Spine Surg	1.6
66	J Knee Surg	1.6
67	Int J Sports Phys Ther	1.6
68	Geriatr Orthop Surg Rehabil	1.6
69	Spine Deformity	1.6
70	J Orthop	1.5

71	Surg Infect	1.4
72	Orthop Clin N Am	1.4
73	Clin Biomech	1.4
74	J Pediatr Orthop	1.4
75	Eur J Orthop Surg Traumatol	1.4
76	J Hip Preserve Surg	1.4
77	Hip Int	1.3
78	J Child Orthop	1.3
79	J Foot Ankle Surg	1.3
80	J Sport Rehabil	1.3
81	Arch Bone Jt Surg	1.2
82	Mil Med	1.2
83	Arthroscopy Tech	1.2
84	Pediatr Qual Saf	1.2
85	J Appl Biomech	1.1
86	Orthopedics	1.1
87	JBJS Essen Surg Tech	1
88	Strategies Trauma Limb Reconstr	1
89	Hand Clin	0.9
90	J Pediatr Orthop B	0.9
91	J Med Devices	0.8
92	J Wrist Surg	0.7
93	J Am Podiatr Med Assoc	0.5
94	Ann Joint	0.5
95	Muscles Ligaments Tendons J	0.5
96	Oper Tech Sports Med	0.4
97	J Hand Microsurg	0.3
98	Tech Orthop	0.2
99	Curr Orthop Pract	0.2
100	Oper Tech Orthop	0.2

Notes:

Top 11 journals all Sports or Basic Science

Sub-specialty variations - highest in:

Sports = Br J Sports Med	11.6
Spine = Spine J	4.9
Total Joints = J Arthroplasty	3.4
Trauma = J. Ortho Trauma	1.6
Foot/Ankle = Foot & Ankle Intern	2.4
Oncology = J Surg Oncol	2

Highest impact journal in specialty is not always the best journal in that discipline

Average	**2.417**
90th %ile	**6.83**
75th %ile	**4.86**
50th %ile	**3.6**

E-1. DIDACTIC TEACHING FACULTY PEER EVALUATION FORM

Faculty Member Being Evaluated:
Type of Teaching Activity:
Conference Participants:
Approximate number of People at Conference:
Topic of Presentations:
Date of Observation:

Please rate the faculty member's didactic teaching presentation based on the following criteria.
Use a scale of 1 to 5, where 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, and 5 = Excellent.

Presentation Content

1. Clarity and Organization: Was the presentation well-structured, with a clear introduction, main body, and conclusion?
   Rating: [1 | 2 | 3 | 4 | 5]

2. Relevance of Content: Was the material presented relevant and appropriate for the intended audience?
   Rating: [1 | 2 | 3 | 4 | 5]

3. Depth of Knowledge: Did the presenter demonstrate expertise in the subject matter?
   Rating: [1 | 2 | 3 | 4 | 5]

4. Use of Evidence: Were current research, clinical guidelines, or other evidence-based practices integrated into the presentation?
   Rating: [1 | 2 | 3 | 4 | 5]

Teaching Effectiveness

5. Engagement: Did the presenter actively engage the audience through questions, discussions, or interactive elements?
   Rating: [1 | 2 | 3 | 4 | 5]

6. Clarity of Explanation: Were complex concepts explained in a way that was easy to understand?
   Rating: [1 | 2 | 3 | 4 | 5]

7. Visual Aids and Materials: Were slides, handouts, or other visual aids effective and free of errors?
   Rating: [1 | 2 | 3 | 4 | 5]

Professionalism and Delivery

8. Presentation Style: Was the presenter confident, articulate, and professional in their delivery?
   Rating: [1 | 2 | 3 | 4 | 5]

9. Time Management: Did the presenter appropriately manage the allocated time, covering all key points without rushing or exceeding the limit?
   Rating: [1 | 2 | 3 | 4 | 5]

10. Responsiveness to Questions: Did the presenter address audience questions and provide clear, thoughtful answers?
    Rating: [1 | 2 | 3 | 4 | 5]

11. Comments (free text):

Faculty Peer Evaluator (please print your name):

E-2. Peer Evaluation of Orthopaedic Faculty Teaching

This anonymous form covers teaching, professional conduct, and collaboration aspects and is designed for peer evaluations within the same subspecialty.

Name of faculty member being evaluated:
Date of form completion:

Please rate the faculty member based on the following statements.
Use a scale of 1 to 5, where 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent, and Insufficient Data/Contact (N/A)

1. Effective in teaching medical students/residents/fellows in the clinic and operating room.
   Rating: [1 | 2 | 3 | 4 | 5 | N/A]
2. Effective in teaching during subspecialty conferences.
   Rating: [1 | 2 | 3 | 4 | 5 | N/A]
3. Demonstrates engagement and punctuality in subspecialty conferences.
   Rating: [1 | 2 | 3 | 4 | 5 | N/A]
4. Provides high-quality clinical care for patients.
   Rating: [1 | 2 | 3 | 4 | 5 | N/A]
5. Demonstrates collegiality and collaboration with fellow faculty members.
   Rating: [1 | 2 | 3 | 4 | 5 | N/A]
6. Shows respect and collegiality towards Advanced Practice Providers (APPs) and other staff members.
   Rating: [1 | 2 | 3 | 4 | 5 | N/A]
7. Demonstrates professionalism with patients and colleagues.
   Rating: [1 | 2 | 3 | 4 | 5 | N/A]
8. Demonstrates leadership and mentorship qualities within the department.
   Rating: [1 | 2 | 3 | 4 | 5 | N/A]
9. Is approachable and receptive to feedback from colleagues and learners.
   Rating: [1 | 2 | 3 | 4 | 5 | N/A]
10. Comments (free text):

F. List of Suggested Institutions from which to solicit external faculty reviews

1. University of Alabama
2. University of South Alabama
3. University of Arizona
4. University of Arkansas
5. University of California – Los Angles
6. University of California – Irvine
7. University of California – Davis
8. University of California – Loma Linda
9. University of California – Riverside
10. University of California – San Francisco
11. Stanford University
12. University of Colorado
13. Yale University
14. University of Connecticut
15. George Washington University
16. Georgetown University
17. Howard University
18. Florida International University
19. University of Florida
20. Florida State University
21. Florida Atlantic University
22. University of Central Florida
23. University of South Florida
24. Emory University
25. Augusta University
26. Morehouse Medical University
27. University of Hawaii
28. University of Illinois – Chicago
29. Loyola University
30. Northwestern University
31. Southern Illinois University
32. University of Chicago
33. Indiana University
34. University of Iowa
35. University of Kansas
36. University of Kentucky
37. University of Louisville
38. Tulane University
39. Louisiana State University
40. Johns Hopkins University

41. University of Maryland
42. Boston University
43. Tufts University
44. Harvard University
45. University of Massachusetts
46. University of Michigan
47. Michigan State University
48. Wayne State University
49. William Beaumont School of Medicine
50. Western Michigan University
51. Mayo Clinic
52. University of Minnesota
53. University of Missouri
54. St Louis University
55. Washington University
56. University of Mississippi
57. Creighton University
58. University of Nebraska
59. University of Nevada – Las Vegas
60. Dartmouth College
61. Rowan University
62. Rutgers University
63. University of New Mexico
64. Albany Medical College
65. University of Buffalo
66. Columbia University
67. Weill Cornell Medical College
68. Albert Einstein University
69. Icahn School of Medicine at Mt Sinaii
70. New York University
71. New York Medical College
72. Stony Brook University
73. University of Rochester
74. SUNY Downstate
75. SUNY Update
76. Hofstra University
77. Duke University
78. University of North Carolina – Chapel Hill
79. East Carolina University
80. Wake Forest University
81. University of North Dakota

82. Case Western Reserve University
83. Cleveland Clinic
84. University of Cincinnati
85. Northeast Ohio Medical University
86. University of Toledo
87. Wright State University
88. University of Oklahoma
89. Oregon Health Sciences University
90. Drexel University
91. Gesinger Commonwealth School of Medicine
92. Thomas Jefferson University
93. Penn State University
94. University of Pennsylvania
95. University of Pittsburgh
96. Temple University
97. Brown University
98. University of South Carolina – Columbia
99. University of South Carolina – Greenville
100. Medical University of South Carolina
101. University of South Dakota
102. East Tennessee State University
103. University of Tennessee
104. Campbell Clinic
105. Vanderbilt University
106. Meharry Medical College
107. Baylor College of Medicine
108. University of Houston
109. Texas Christian University
110. Texas A&M University
111. Texas Tech University
112. University of Texas – Tyler
113. University of Texas – San Antonio
114. University of Texas – Austin
115. University of Texas – Houston Health Sciences
116. University of Texas Medical Branch
117. University of Texas – Southwestern
118. University of Texas – El Paso
119. University of Utah
120. University of Vermont
121. Old Dominion University
122. University Virginia

123. Virginia Commonwealth University
124. Virginia Tech University
125. University of Washington
126. Washington State University
127. Marshall University
128. University of West Virginia
129. University of Wisconsin
130. Medical College of Wisconsin