Department of Physical Medicine and Rehabilitation

Appointments, Promotion and Tenure Document

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I. Preamble

This document describes the rules and process for Appointments, Promotion and Tenure for the Department of Physical Medicine and Rehabilitation (PMR). It is a supplement to Chapters 6 and 7 of the *Rules of the University Faculty*; the annually updated procedural guidelines for promotion and tenure reviews in Chapter 3 of the Office of Academic Affairs *Procedures and Guidelines Handbook*; and other policies and procedures of the college and university to which the Department and its faculty are subject.

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

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 Department 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.

Decisions considering appointment, reappointment, and promotion and tenure will be free of discrimination in accordance with the university's policy on equal employment opportunity.

II. Mission

The academic setting in which the Department of Physical Medicine and Rehabilitation functions requires excellence in teaching, research, and service in areas relevant to the field of physical medicine and rehabilitation. It is the mission of the Department to enhance its already existing national stature and distinction in these areas and to advance the field of physical medicine and rehabilitation. This advancement will occur through education of skilled professionals, discovery and dissemination of new knowledge, and innovative solutions for improving health that address personalized health care.

In order to ensure departmental balance, reasonable flexibility will be exercised in evaluating individual performance. However, to achieve the mission of the Department of Physical Medicine and Rehabilitation, all faculty members are expected to contribute to the teaching, research and service goals of the Department in a manner consistent with the nature of their faculty appointment. Therefore, faculty members on the Tenure-track are expected to have a relative emphasis of their effort directed toward research or other scholarly activity whereas faculty members in the Clinical faculty are expected to have a relative emphasis in teaching and service. Teamwork and collaboration are fundamental values of this field of medical science and will be considered as part of all evaluations for appointment and ongoing performance. Outstanding performance providing service in physical medicine and rehabilitation provides a model for students at all levels and shall be considered a minimal expectation for appointment, reappointment, and promotion and tenure. The Department of Physical Medicine and Rehabilitation will support this mission while adhering to its Policy on Faculty Duties, Responsibilities, and Workload and providing an environment for the development of its faculty members.

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/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, promotion and tenure.

1. Tenure-track Faculty

Initial Appointment Reviews

• Initial appointments at the instructor and assistant professor rank do not require a vote from the eligible faculty and are made by the Department Chair based on search committee recommendations.

• For initial appointment (hiring) review of an associate professor or professor the eligible faculty consists of all tenure-track faculty in the department.

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 and the tenure reviews of untenured associate professors, the eligible faculty consists of all tenured associate professors and professors.

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

2. Clinical Faculty

Initial Appointment Reviews

• Initial appointments (and appointment change from another faculty type) at the instructor and assistant professor rank do not require a vote from the eligible faculty and are made by the Department Chair based on search committee recommendations.

• For an appointment (hiring or appointment change from another faculty type) review of an associate clinical professor or a clinical professor, the eligible faculty consists of all tenure-track faculty and all clinical faculty in the department.

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

Initial Appointment Reviews

• Initial appointments (and appointment change from another faculty type) at the assistant professor rank do not require a vote from the eligible faculty. and are made by the Department Chair based on search committee recommendations.

• For an appointment (hiring or appointment type change from another faculty type) review of a research associate professor or research professor, the eligible faculty consists of all tenure-track faculty and all research faculty in the department.

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 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

• Initial appointments (and appointment change from another faculty type) other than those at advanced rank do not require a vote from the eligible faculty and are made by the Department Chair based on search committee recommendations.

• Initial appointments at advanced rank require a vote by 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 and the University Office of Academic Affairs.

Reappointment

• For the reappointment reviews of associated faculty, the eligible faculty consists of all tenured faculty at or above the rank of the candidate and all non-probationary clinical faculty at or above the rank of the candidate.

Promotion Reviews

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

• For the promotion reviews of associated faculty with adjunct titles, the eligible faculty shall be the same as for tenure-track, clinical or research faculty, as appropriate to the appointment, as described in Sections III.A.1.2 or 3 above.

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

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

• For the promotion review of a lecturer to senior lecturer the eligible faculty shall be all tenure-track and 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 he/she/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, which 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 Department within the college.

B. **Appointments, Promotion and Tenure Committee**

The Department has an Appointments, Promotion and Tenure (AP&T) Committee that assists the Committee of the Eligible Faculty in managing the personnel and promotion and tenure issues. The AP&T committee's chair and membership are appointed by the Department chair. The term of service is three years, with reappointment possible. The committee consists of 2-3 professors, 2-3 associate professors, at least 2 of whom are tenure-track faculty (if not available, the Department chair will solicit participation from a faculty member from another department in collaboration with COM); the remaining may be non-probationary clinical faculty members. When considering cases involving research faculty the AP&T Committee may be augmented by a non-probationary research faculty member at the rank of research associate professor or research professor, as appropriate to the case, within the Department (or outside the Department if no such faculty member exists within the Department).

C. **Quorum**

The quorum required to discuss and vote on all personnel decisions is a simple majority (greater than 50%) of the committee not on approved leave of absence.

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

Faculty members on approved university leave (e.g. medical, business, parental) are not counted when determining quorum unless they declare, in advance and in writing, their intent to participate in all proceedings for which they are eligible during the leave

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

Electronic voting without a synchronous meeting can be used for approving changes in rules of the AP&T committee or the AP&T document, and for re-appointments (including clinical probationary faculty). Promotion decisions require a synchronous discussion that can occur virtually (audio-only or audiovisual) or in-person. The voting that follows the discussion can be conducted electronically (text, email, within the virtual platform or another means) or in-person.

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 permitted.**

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

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

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

IV. Appointments

The *Rules of the University Faculty* permit the Department to make the following appointments: Tenure-track; Clinical faculty; Research faculty; and Associated faculty. The latter contains unpaid and paid Associated faculty. The appropriate appointment type for initial appointment to the Department 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 professional option for the faculty member.

Most but not all the faculty in the Department will have clinical responsibilities. For those with substantial clinical responsibilities (e.g., >=.25 cFTE), promotion or appointment to associate professor or professor requires board certification in physical medicine and rehabilitation or rehabilitation psychology (ABRP), or other appropriate certification such as board certification in neuropsychology or pain psychology. Candidates for assistant professor will be expected to obtain board certification within the probationary period (if the number of years of experience or other requirements for board certification make it unlikely that certification can be achieved during the probationary period, appropriate adjustments to the time allowed to achieve certification will be made).

The Department is committed to making only faculty appointments that enhance or have strong potential to enhance the quality of the Department. Important considerations include the individual's record to date in teaching, scholarship and service; the potential for professional growth in each of these areas; and the potential for interacting with colleagues and learners in a way that will enhance their academic work and attract other outstanding faculty and learners to the 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. Appointment Criteria

1. Tenure-track faculty

The Tenure-track exists for those faculty members who primarily strive to achieve sustained excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for extramural funding such as that provided by the National Institutes of Health (NIH), the National Institute on Disability, Independent Living and Rehabilitation Research (NIDLRR), Patient-Centered Outcomes Research Institute, the Centers for Disease Control (CDC), and other public and private sources that apply similar rigor to the grant review process. Although excellence in teaching and service are required, these alone are not sufficient for progress on this track.

Appointments are made in accordance with University Rule 3335-6-02. 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.

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

Appointees with clinical responsibilities must obtain the appropriate Ohio licensure and other required certifications if required for successful execution of their faculty responsibilities.

Appointment: Instructor on the Tenure-track

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. Appointment at the rank of instructor is made only when the offered appointment is that of assistant professor, but requirements for the terminal degree have not been completed by the candidate at the time of appointment. Procedures for appointment are identical to those for an assistant professor. The Department will make every effort to avoid such appointments. An appointment at the instructor level is limited to three years. Promotion to assistant professor occurs without review the semester following completion of the required credentialing. An instructor must be approved for promotion to assistant professor by the beginning of the third year, or the appointment will not be renewed, and the third year is the terminal year of employment.

Upon promotion to assistant professor, the faculty member may request prior service credit for time spent as an instructor. This request must be approved by the Department's eligible faculty, the Department chair, the dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate since prior service credit cannot be revoked once granted except through an approved request to extend the probationary period. In addition, all probationary faculty members have the option to be considered for early promotion.

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

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

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

• A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix B].

• No ongoing negative behavior such as discrimination, bullying, harassment, retaliation, or promotion of other hostile work conditions.

• 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 Department.

Appointment: Assistant Professor on the Tenure-track

An appointment to the rank of Assistant Professor is always probationary. During a probationary period, a faculty member does not have tenure and is considered for reappointment annually. Tenure cannot be awarded at the rank of Assistant Professor. An Assistant Professor must be reviewed for promotion and tenure in the mandatory review year (6th year of appointment for faculty without significant clinical responsibilities, 11th year of appointment for faculty with significant patient clinical service responsibilities). However, promotion and tenure may be granted at any time during the probationary period when the faculty member's record of achievement so merits. Similarly, a probationary appointment may be terminated at any time subject to the provision of University Rule 3335-6-08 and the provision of paragraphs (6), (H), and (I) of University Rule 3335-6-03.

Consistent with Faculty Rule, 3335-6-09 faculty members without clinical service responsibilities are reviewed for promotion and tenure no later than the 6th year as to whether promotion and tenure will be granted at the beginning of the 7th year. For individuals not recommended for promotion and tenure after the mandatory review, the 7th year will be the final year of employment. Consistent with Faculty Rule 3335-6-09, faculty members with significant patient clinical service responsibilities are granted an extended probationary period of up to 11 years, including prior service credit, depending on the pattern of research, teaching, and service workload. An assistant professor with an extended probationary period is reviewed for promotion and tenure no later than the 11th year as to whether promotion and tenure will be granted at the beginning of the 12th year. For individuals not recommended for promotion and tenure after the mandatory review, the 12th year will be the final year of employment.

For appointments at the rank of Assistant Professor, prior service credit of up to three years may be granted for work experience at the time of the initial appointment. Doing so requires the

approval of the eligible faculty, Department Chair, Dean, and Executive Vice President and Provost. Prior service credit shortens a probationary period by the amount of the credit and once granted cannot be revoked except through an approved request to 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 or extramural 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 [see Appendix B].

• No ongoing negative behavior such as discrimination, bullying, harassment, retaliation, or promotion of other hostile work conditions.

• 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 Department.

Appointment: Associate Professor and Professor

Appointment offers at the rank of associate professor with or without tenure and professor with tenure, and offers of prior service credit require prior approval of the University Office of Academic Affairs. Criteria for appointment to the rank of associate professor with tenure or professor with tenure are identical to the criteria for promotion to these ranks as detailed in Section VI of this document.

Appointment to the rank of associate professor normally entails tenure. Criteria for appointment to the rank of associate professor in advance of tenure are identical to the criteria for promotion to associate professor in advance of tenure as detailed in Section VI of this document. An appointment to the rank of associate professor in advance of tenure is always probationary. During a probationary period, a faculty member does not have tenure is considered for reappointment annually. The Department must exercise care in making these appointments, especially if the probationary period will be less than four years. For faculty without patient clinical service responsibilities the probationary period may not exceed four years. For faculty with significant patient clinical service responsibility, the probationary period may not exceed six

years. Review for tenure occurs in the final year of the probationary period. If tenure is not granted, an additional (terminal) year of employment is offered. Requests for such appointments require the approval of the Dean of the College of Medicine, and the Executive Vice President and Provost.

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

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

2. Clinical faculty

The Clinical faculty is equivalent in importance to the Department and the College of Medicine as the Tenure-track. The Clinical faculty exists 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 the Tenure-track within a defined probationary period. For this reason, the nature of scholarship in the Clinical faculty differs from that in the Tenure-track and may be focused on a mixture of academic pursuits including the scholarship of practice, integration, education, as well as new knowledge discovery. Faculty members appointed to the Clinical Faculty may choose to distinguish themselves through several portfolios of responsibility including Clinician-Educator, Clinician-Scholar, and Clinical Excellence pathways.

The Clinician-Educator pathway reflects excellence as an educator as measured by teaching evaluations, innovative teaching practices and curricula or modules development, and publications. Alternatively, the Clinician-Educator pathway may reflect an outstanding clinician who has a demonstrated record of educating colleagues and peers such as through invitations to serve as faculty on national continuing medical education programs or societal leadership. The Clinician-Scholar pathway reflects excellence in basic science, translational science, clinical research and/or health services research (e.g., public health care policy, outcomes and comparative effectiveness research) as measured by publications and grant funding, respectively. The Clinical Excellence pathway exists for faculty members who focus on exemplary clinical care or unique areas of emphasis in patient management. These faculty may build signature clinical programs and/or serve as preferred providers developing a regional or national reputation for clinical service expertise. Faculty members on this pathway typically devote 80% or more of their effort to patient care or administrative service. Faculty members on the Clinical faculty are not eligible for tenure and may not participate in promotion and tenure matters of tenure track faculty.

All appointments of faculty members to the Clinical faculty are made in accordance with Faculty 3335-7. Each new appointment must enhance, or have strong potential to enhance, the quality of the Department.

Except for those appointed at the rank of instructor, for whom a contract is limited to three years, the initial contract for all other clinical faculty members must be for a period of five years. The initial contract is probationary, with reappointment considered annually. A faculty member will be informed by the end of each probationary year if they will be reappointed for another year. By the end of the penultimate year of the probationary contract, the faculty member will be informed whether a new contract will be extended. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of appointment. There is no presumption that a new contract will be extended. In addition, the terms of the contract may be renegotiated at the time of reappointment. Second and subsequent contracts for clinical faculty must be for a period of at least three years and for no more than five years. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges. The following paragraphs will outline the basic criteria for initial appointments in the Clinical faculty.

Appointment: Clinical Instructor

Appointment to the rank of Clinical Instructor of Physical Medicine and Rehabilitation is made if all the criteria for the position of Assistant Professor have been met with the exception that the candidate will not have completed the terminal degree, or other relevant training, at the time of the appointment. The department will make every effort to avoid such appointments.

When an individual is appointed as an Instructor, the letter of offer should indicate the specific benchmarks and accomplishments that will be necessary for promotion to Assistant Professor. Instructor appointments are limited to three years, with the third year being the terminal year. In such cases, if the instructor has not completed requirements for promotion to the rank of assistant 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. When an Instructor is promoted to Assistant Professor on the Clinical faculty, a new letter of offer with a probationary period of three to five years will be issued.

Candidates for appointment to the rank of Clinical Instructor will have at a minimum:

• Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study.

• Evidence of potential for contributions to scholarship, education or patient care.

• Anticipated completion of post-doctoral clinical training in an appropriate area.

• A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix B].

• No ongoing negative behavior such as discrimination, bullying, harassment, retaliation, or promotion of other hostile work conditions.

Appointment: Assistant Clinical Professor

Candidates for appointment at this rank are expected to have completed all relevant training, including residency and fellowship where appropriate, consistent with the existing or proposed clinical program goals of the Department. This is the appropriate level for initial appointment of persons holding the appropriate terminal degree and the relevant clinical training. Candidates for appointment to the rank of Assistant Clinical Professor will have at a minimum:

• An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience; and completion of requisite post-doctoral clinical training.

• Evidence of contributions to scholarship, education or patient care and the potential to advance through the faculty ranks.

• A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix B].

• No ongoing negative behavior such as discrimination, bullying, harassment, retaliation, or promotion of other hostile work conditions.

• The training prerequisites required for board certification in physical medicine and rehabilitation, or board certification in rehabilitation psychology (ABRP)/neuropsychology/pain psychology, or other appropriate certification or completion of training that leads to such certification.

• Candidates for assistant professor will be expected to obtain board certification within the probationary period (if the number of years of experience required for board certification make it unlikely that certification can be achieve during the probationary period, then adjustments to the time allowed to achieve certification can be made).

• Able to be appropriately licensed as a health care professional and member of the medical staff consistent with participation in the expected patient-based teaching, research and service activities.

Appointment: Associate Clinical Professor and Clinical Professor

The criteria for initial appointment at the rank of Associate Clinical Professor and Clinical Professor of Physical Medicine and Rehabilitation require that the candidate meet criteria for promotion to this rank as outlined in Section VI of this document.

3. Research faculty

Research faculty appointments exist for individuals who focus primarily on research. These appointments are intended for individuals who will have faculty level responsibilities in the research mission, comparable to the level of a Co-Investigator. Individuals who serve as laboratory managers or otherwise contribute to the research mission at a level comparable to that of a postdoctoral fellow should not be appointed on the research faculty but rather should be appointed as research scientists, potentially with adjunct faculty appointments (postdoctoral fellows are appointed as postdoctoral researchers).

Appointments to the Research faculty are made in accordance with Faculty Rule 3335-7. Each new appointment must enhance, or have strong potential to enhance, the quality of the Department.

Tenure is not granted to research faculty.

Contracts will be for a period of at least one year and for no more than five years and must explicitly state the expectations for salary support. In general, research faculty appointments will require 90-95% salary recovery. It is expected that salary recovery will generally be derived from extramural funds. While salary support for research faculty may not come from dollars provided to the department from the college, the department may choose to provide funding from individual 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 he or she 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. If 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.

Research faculty members are eligible to serve on University committees and task forces but not on University governance committees. Research faculty members also are eligible to advise and supervise graduate and postdoctoral students and to be a principal investigator on extramural research grant applications. Approval to advise and supervise graduate students must be recommended by the Department and obtained from the graduate school as detailed in Section 12 of the Graduate School Handbook.

Appointment: Research Assistant Professor

The Department's criteria for appointment as a Research Assistant Professor include:

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

• Completion of sufficient research training to provide the basis for specific expertise for contributing to the research mission.

• An initial record of scholarship that indicates effective collaboration and contribution to peer-reviewed research, reflected by co-authorship of peer-reviewed publications participation in team science initiatives, or funded effort on peer-reviewed grants.

• No ongoing negative behavior such as discrimination, bullying, harassment, retaliation, or promotion of other hostile work conditions.

• A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix B].

• Strong potential for career progression and advancement through the faculty ranks.

Appointment: Research Associate Professor and Research Professor

The criteria for initial appointment to the ranks of Research Associate Professor and Research Professor are identical to those criteria for promotion to this rank as outlined in Section VI of this document.

4. Associated faculty

Associated Faculty, as defined in the *Rules of the University Faculty* 3335-5-19 (D), include "persons with clinical practice titles, adjunct titles, visiting titles, and lecturer titles." Persons with a tenure-track faculty title on an appointment of less than 50% FTE are associated faculty. Members of the associated faculty are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters. Associated faculty appointments are typically one to three years in the department but may be as short as a few weeks to assist with a focused project, a semester to teach one or more courses, or up to three years when a longer contract is useful for long-term planning or retention. Associated faculty may be reappointed. The titles below are used for associated faculty in the Department of Physical Medicine and Rehabilitation.

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

Lecturer

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

Senior Lecturer

Appointment as senior lecturer requires that the individual have 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.

Assistant Professor, Associate Professor, Professor with FTE below 50%

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

Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor

Visiting faculty appointments may either be compensated or uncompensated. Visiting faculty members on temporary leave from an appointment at another institution are appointed at the rank held in that position. 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. The rank at which other individuals are appointed is determined by applying the criteria for appointment of tenure-track faculty. Visiting faculty members are not eligible for tenure or promotion. Visiting faculty appointments may be renewed annually for only three consecutive years.

Returning Retiree

Faculty who have retired from the university and return in any paid appointment at the university are considered returning retirees. The approval is for one year and they must cover their salary and associated expenses. All reemployed retiree faculty appointments must be approved by the department chair, Dean and University Office of Academic Affairs. Reemployment is not an entitlement but is based on the needs of the department rather than the desire of the individual in the ways the reappointment can benefit the university. Refer to the APT Required Documents and Process site for more information (policy, required documents, and tip sheet).

Appointment and Reappointment: Associated Faculty

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

b. Associated clinical faculty with clinical responsibilities must be a licensed physician or health care provider if required for successful execution of their faculty responsibilities.

c. Have significant and meaningful interaction in at least one of the following mission areas of the Department:

- Teaching of medical students, residents, or fellows: For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.

o Research: These faculty members may collaborate with a Department or Division in the College in research projects or other scholarly activities.

o Administrative roles and/or service within the Department or College: This includes participation in committees or other leadership activities (e.g., membership in the Medical Student Admissions Committee).

- No ongoing negative behavior such as discrimination, bullying, harassment, retaliation, or promotion of other hostile work conditions.

- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix C].

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 will review the application and make a recommendation to the Department chair. The Department chair will decide upon the request, and if appropriate submit it to the dean. Should the department chair deny the request, the faculty member may appeal the decision to the dean. If the faculty member requesting emeritus status has in the ten years prior to the application engaged in serious dishonorable conduct in violation of law, rule, or policy and/or caused harm to the university's reputation or is retiring pending a procedure according to Faculty Rule 3335-05-04, emeritus status will not be considered.

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

6. Joint Appointments

Joint faculty appointments between a faculty member's department and another academic unit or units are created for the mutual benefit from the faculty member's expertise that advance the scholarship, teaching, or clinical mission of all the academic units involved and promote cross-disciplinary collaboration. To establish a joint faculty appointment, a memorandum of understanding (MOU) (see Faculty Appointments, Faculty Workload, Tenure, and Retrenchment policy, Section 1.C) 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

A non-salaried appointment (0% FTE) for a tenure-track, clinical, research, or associated University faculty member from another unit at Ohio State is considered a Courtesy appointment. An individual with an appointment in one unit at Ohio State may request a Courtesy appointment in the Department when that faculty member's scholarly and academic activity overlaps significantly with the Department. Such appointments must be made at the same faculty rank, using the same title, as that offered in the primary Department, with promotion in rank recognized. Courtesy appointments are warranted only if they are accompanied by substantial involvement in the academic and scholarly work of the Department. Staff are not eligible for courtesy faculty appointments.

B. Appointment Procedures

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

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

This department adheres in every respect to the Framework requirements as detailed at SHIFT.

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

In addition, see the Policy on Faculty Recruitment and Selection and the Faculty Appointments, Faculty Workload, Tenure, and Retrenchment policy for information on the following topics:

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

1. Tenure-track faculty

A national search is required to ensure a broad pool of highly qualified candidates for all tenure-track positions. The only exception is for dual career partners, as described in Chapter 5 section 4.1 of the Procedures and Guidelines Handbook. Exceptions to this policy must be approved by the Office of Academic Affairs in advance. Search procedures must entail substantial faculty involvement to reflect the perspective of all those who will collaborate and share the work environment with the candidate and be consistent with the OAA Policy on Faculty Recruitment and Selection.

The Dean or designee provides approval for the Department to commence a search process. This approval may or may not be accompanied by constraints with regard to salary, rank, and field of expertise.

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

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

If an offer involves senior rank, the eligible faculty members vote on the appropriateness of the proposed rank. If an offer may involve prior service credit, the eligible faculty members vote on the appropriateness of such credit. The eligible faculty reports a recommendation on the appropriateness of the proposed rank or the appropriateness of prior service credit to the Department chair. Appointment offers at the rank of associate professor, with or without tenure, or professor with tenure, and/or offers of prior service credit require prior approval of the Office of Academic Affairs.

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

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 Clinical faculty generally proceed identically as for tenure-track faculty, with the exception that the candidate is not required to give a presentation during the interview. A national search is required to ensure a broad pool of highly qualified candidates for all clinical faculty positions. The only exception is for dual career partners, as described in Chapter 5 section 4.1 of the Procedures and Guidelines Handbook. Exceptions to this policy must be approved by the Office of Academic Affairs in advance.

3. Research faculty

Searches for research faculty generally proceed identically as for tenure-track faculty. As for candidates for appointment to the tenure-track faculty, it is recommended that research faculty candidates make a presentation to learners and faculty regarding their scholarship. A national search is required to ensure a broad pool of highly qualified candidates for all research faculty positions. The only exception is for dual career partners, as described in Chapter 5 section 4.1 of the Procedures and Guidelines Handbook. Exceptions to this policy must be approved by the Office of Academic Affairs in advance.

4. Transfer Across Faculty Types

Transfers between faculty categories are permitted only under the strict guidelines detailed in the paragraphs below, per University Rules 3335-7-09 and 3335-7-10. Furthermore, transfer of an individual to a category with more limited expectations for scholarship may not be used as mechanism for retaining underperforming faculty members. An engaged, committed, and productive faculty should be the ultimate goal of all appointments.

Transfer from the Tenure Track

If tenure-track faculty members' activities become more aligned with the criteria for appointment to the Clinical faculty or research 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 or research faculty is probationary. Tenure or tenure eligibility is lost upon transfer.

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. Presumably, these will differ from prior expectations. Transfers from clinical or research faculty appointments to the tenure track are not permitted. Clinical and research faculty members may apply for tenure-track positions and compete in regular national searches for such positions.

Transfers across the clinical appointments, research appointments, and associated faculty appointments are permitted. Such transfers must follow the process delineated in Chapter 5, Section 4 of the OAA *Procedures and Guidelines Handbook*.

5. TIU Transfer

Following consultation with the Department Chair and college dean(s), a tenure-track faculty member may voluntarily move from one TIU to another upon approval of a simple majority of the eligible faculty in the receiving TIU. The eligible faculty in such cases are the tenure-track faculty eligible to vote on faculty appointments at the transferee's rank. See Section III.A.1 above.

The transfer must be approved by the Office of Academic Affairs and is dependent on the establishment of mutually agreed-upon arrangements among the affected TIU heads, college dean(s), and the faculty member. An MOU signed by all parties, including the Office of Academic Affairs, must describe in detail the arrangements of the 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 Office of Academic Affairs can provide guidance to non-tenure-track faculty about the process for transferring from one TIU to another.

6. Associated faculty

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

If an offer involves senior rank (e.g., senior lecturer), the eligible faculty members vote on the appropriateness of the proposed rank. The eligible faculty reports a recommendation on the appropriateness of the proposed rank to the department chair.

The reappointment of compensated associated faculty members is decided by the Department chair following a vote of the eligible faculty.

Appointments to unpaid positions in the Associated Faculty require no formal search process.

Compensated associated appointments are generally made for a period of one year 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 following a vote from the faculty.

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.

7. Joint appointments

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

Approval of the joint appointment by the Office of Academic Affairs is dependent on 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 joint appointment. Administrative approval will be dependent on whether satisfactory fiscal arrangements for the change have been made.

8. Courtesy appointments

Any Department faculty member may propose a 0% FTE (Courtesy) appointment for a tenure-track, clinical, research, or associated faculty member from another Ohio State unit. A proposal that describes the uncompensated academic service to the courtesy Department justifying the

appointment must be approved by the Chair in consultation with the faculty. The Chair, in consultation with the faculty, must review all courtesy appointments every three years to determine whether they continue to be justified.

V. Annual Performance Review Procedures

The Department follows the requirements for the annual performance review as set forth in the Policy on Faculty Annual Review, Post-Tenure-Review, and Reappointment, which stipulates that such reviews must include a scheduled 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:

- Monitor and support progress toward tenure, promotion, reappointment, and ongoing outcomes;
- Be comprehensive and include standardized, objective, and measurable performance metrics;
- 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, up to and including a post-tenure review or other disciplinary action.

A post-tenure review, in accordance with Faculty Rule 3335-5-04.5, will be initiated if a tenured faculty member receives a "does not meet performance expectation"' rating in the same evaluative category in at least two of the past three consecutive annual reviews. A faculty member who retains tenure following a post-tenure review will be subject to an additional post-tenure review if they receive a "does not meet performance expectations" rating in any area of their annual review in the two years subsequent to a post-tenure review. The department chair, dean, or provost may require an immediate and for cause post-tenure review at any time for a faculty member who has a documented and sustained record of significant underperformance outside of the faculty member's annual performance evaluation. For this purpose, for cause may not be based on a faculty member's allowable expression of academic freedom as defined by the university or Ohio law.

The Department Chair may designate the responsibility for annual performance reviews to an associate chair, vice chairs, or division directors, if indicated.. The designee or a subcommittee of the eligible faculty may provide a written assessment to the Department chair. The Department chair or designee must schedule a face-to-face meeting with all probationary faculty as part of the review. An opportunity for a face-to-face meeting with the Department Chair or the

Department Chair's designee must be provided to all other faculty. In all cases, accountability for the annual review process resides with the Department Chair.

- Meritorious performance in teaching, scholarship, and service is assessed in accordance with the same criteria that form the basis for promotion decisions.
- The written annual review must include the faculty member's projected work effort distribution for the next year, be compliant with the university's Faculty Workload Standards and Guidelines, and specify and justify any change in distribution from the year prior.
- 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. Per the Policy on Faculty Annual Review, Post-Tenure-Review, and Reappointment, the Department Chair must also describe the appeal procedure if the faculty member disagrees with the annual review.
- For faculty with joint appointments, the TIU heads or designees of the joint appointment units are responsible for completing the annual review. The TIU heads or designees of the joint appointment units must co-author the written evaluation.

Annual reviews will be conducted on an academic year (fiscal year) basis which is July 1 through June 30. Annual reviews will be completed by the end of the term following the review period (i.e. end of autumn semester). Annual reviews are due to the College of Medicine Office of Faculty Affairs by September 1st.

A. Documentation

No later than [June 1 and prior to the face-to-face meeting, PMR Faculty will be expected to provide to the Chair or their designee in RPT (Interfolio):

• Office of Academic Affairs core dossier outline, (*required for assistant and associate professors*) or updated documentation of performance and accomplishments (*professors*)

• Updated CV, which will be made available to all faculty in an accessible place (*all faculty*)

Other documentation for the annual performance 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 review, as such solicitation places its recipient in an awkward position and produces a result that is unlikely to be candid.

The Department Chair or their designee will supply each faculty member with a written evaluation of their performance. If a Chair's designee conducts the annual review, there must be a mechanism for apprising the Chair of each faculty member's performance.

B. Assessment Scale and Criteria

An annual review is based on expected performance in any area of work for which the faculty member is assigned 5% or greater workload, including (as applicable) teaching, research, service, clinical care, administration, and any other categories set by the Department Chair and/or articulated in this APT document. Student evaluations must account for at least 25% of the teaching component where applicable.

Faculty will be assessed in the following **categories**: clinical care, teaching and mentoring, scholarship, and service. For each annual review area faculty will be rated as "exceeds expectations," "meets expectations," "performing," "does not meet expectations," or "not applicable (<5% effort devoted to mission or not required by track)" as described below. Due to the varied nature of duties, rank, and expectations of department faculty, the Department does not use a specific rubric. Faculty will be reviewed using the following criteria:

Criteria - Clinical care

Assessment in clinical care will take into account quantitative and qualitative metrics modified as appropriate by the factors/general principles listed below. In particular, clinical metrics will be interpreted with consideration for department averages, national averages, years of clinical experience, years at OSU, FMLA/pregnancy/lactation, and presence of an adequate number of data points to draw valid conclusions.

Quantitative metrics include, but are not limited to: RVUs, patient satisfaction scores, adequacy of documentation, and performance on annual quality metrics.

Qualitative considerations include, but are not limited to: clinical service in non-traditional PMR spaces, professionalism, adequacy of documentation, clinical awards, exceptional patient accolades, and development/management of clinical programs and clinical quality improvement programs.

Criteria - Teaching

Assessment of teaching and mentoring will include bedside teaching for those with clinical responsibilities. It will also include other areas listed below for those whose track or funding expects additional teaching and mentoring contributions. Teaching will be broadly defined to include, but not be limited to, undergraduates, medical and other health-sciences related students, doctoral students, post-doctoral researchers, residents and fellows. It can include both OSU and non-OSU learners.

Quantitative metrics include, but are not limited to: bedside teaching scores for fellows, residents, and medical students, completion rate of assigned fellow, resident, and medical student evaluations, and completion of at least one faculty peer evaluation.

Qualitative metrics include: comments from teaching scores of learners, quality of feedback to learner, mentorship numbers and success (adjusted for rank and track), teaching awards, curriculum development, external teaching presentations, delivery of lectures to OSU and non-OSU learners, and mentorship and sponsorship of learners.

Criteria - Scholarship

Scholarship is broadly defined as the discovery and dissemination of new knowledge. Assessment will include both quantitative and qualitative components. Given variation in faculty rank, duties, and responsibilities, specific targets are not set, but are modified based on the factors listed below.

Metrics include, but are not limited to:

- Publications: Both the quantity and quality of publications will be considered. Metrics will include but are not limited to number of publications, the number of citations of their publications, the relative proportion of first/senior authorships, journal impact factor or importance in the field, and alternative metrics (e.g., social media penetration, blog subscription, Altmetrics score, non-academic invited presentations).

- Funding: The funding agency, type of funding, amount, submission of funding applications, awarding of funding, continuation of funding, and faculty member's role in the funding will be considered.

- External presentations of scholarship: External presentations reflect the dissemination and recognition of scholarly work beyond the home institution. Invited and peer-reviewed presentations at regional, national, and international meetings, including podium presentations, posters, workshops, panel participation, and named or plenary lectures will be considered. In addition, faculty member's role (e.g., invited speaker vs. abstract-selected), will be considered.

- Entrepreneurship: Entrepreneurship includes patents and licenses of invention disclosures, software development, and materials transfers (e.g., novel plasmids, transgenic animals, cell lines, antibodies, and similar reagents), technology commercialization, formation of startup companies and licensing and option agreements.

- Research awards: Research awards include honors and recognitions that acknowledge scholarly excellence or contributions to the field. These may include competitive awards from professional societies, funding agencies, foundations, academic institutions, or other external organizations.

- Impact of scholarship: The impact of scholarship reflects the extent to which a faculty member's work influences the field, clinical practice, policy, education, or future research. Evidence of impact may include incorporation of work into clinical guidelines or policy documents, adoption of methods or tools developed by the faculty member, evidence of practice change, sustained interdisciplinary collaboration, or meaningful engagement with broader academic, clinical, or public audiences.

- Research mentorship (quantity and quality): Research mentorship includes supervision and guidance of trainees and junior faculty in scholarly activities. Assessment will consider the number and diversity of mentees (e.g., students, residents, fellows, postdoctoral trainees, junior faculty), the quality and outcomes of mentorship (e.g., mentee publications, presentations, grants, career advancement), and evidence of sustained, effective mentoring relationships. Contributions to formal mentoring programs or development of mentoring curricula may also be considered.

Criteria - Service/Administration

Service will be evaluated qualitatively and will be broadly defined. Service includes, but is not limited to, administrative service to OSU, excellent patient care, program development, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service within the institution can include but is not limited to, appointment or election to Department, College of Medicine, hospital, and/or University committees, working groups, or leadership of programs. Evidence of professional service to the faculty member's discipline or public and private entities beyond the University can include but is not limited to journal editorships, ad hoc journal reviews, editorial boards, or editorships; grant reviewer for national funding agencies; elected or appointed offices held and other service to local and national professional societies; service on panels and commissions; and professional consultation to industry, government, education, and non-profit organizations. Similarly, innovative programs that advance the mission of the university can be considered service activities.

Other considerations

The annual review letter will use the OAA Annual Review Template. The annual review letter may also comment on other factors relevant to the faculty member's performance as determined by the Department Chair. The annual review letter will include goals for the coming year and, where relevant, an assessment of the faculty member's progression towards promotion, any additional assignments and goals specific to the individual.

In assessing the above areas, the reviewer(s) should distill the major accomplishments in these areas, address any opportunities for improvement, summarize goals and strategies, and provide focused action steps to meet future goals and expectations, including for promotion and/or reappointment.

C. Annual Review Procedures: Probationary Tenure-track Faculty

Every probationary tenure-track faculty member is reviewed annually by the department chair or designee, who meets with the faculty member to discuss his or her performance and, future plans and goals; and prepares a written annual review using the OAA Annual Review Template that includes a determination of whether the faculty member at minimum exceeds expectations, meets expectations, or does not meet expectations, as well 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 faculty member has the ability to appeal any of the rating decisions of the department chair or designee to the dean, and then to the executive vice president and provost. Upon full review of the written annual review, it, as well as any comments, appeals, and responses, becomes part of the cumulative dossier for promotion and tenure.

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.

1. Fourth year review

Each faculty member in the fourth year of probationary service must undergo a mandatory review utilizing the same process as the review for tenure and promotion, with two exceptions: external letters of evaluation will not be required, and the Dean makes the final decision regarding renewal or nonrenewal of the probationary appointment. The objective of this review will be to determine if adequate progress towards the achievement of promotion and tenure is being made by the candidate. A separate annual review must also be completed following the procedures outlined in the Faculty Annual Review, Post-Tenure-Review, and Reappointment policy.

External evaluations are solicited only when either the Department chair or the unit's eligible faculty determine that 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 (electronic or hard copy) 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 chair recommends renewal or nonrenewal.

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

If the Department chair or the dean recommends nonrenewal of a faculty member's probationary appointment, 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

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

3. Extension of the tenure clock

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

D. Annual Review Procedures: Tenured Faculty

Associate Professors are reviewed annually by the Department Chair or 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 and future plans and goals; and prepares a written annual review using the OAA Annual Review Template that includes a determination of whether the faculty member at minimum exceeds expectations, meets expectations, or does not meet expectations in any area of work with 5% or greater workload allocation. The faculty member may provide written comments on the review and has the opportunity to appeal ratings to the dean and/or executive vice president and provost.

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 department chair or designee is to prepare a written annual review using the OAA Annual Review Template that includes a determination of whether the faculty member at minimum exceeds expectations, meets expectations, or does not meet expectations in any area of work with 5% or greater workload allocation. The faculty member may provide written comments on the review and has the opportunity to appeal ratings to the dean and/or executive vice president and provost. The annual review of Professors is based on their having achieved sustained excellence and ongoing outcomes in the discovery and dissemination of new knowledge relevant to the mission of the Department, as demonstrated by ongoing national and international recognition of their

scholarship; ongoing excellence in teaching, mentoring students or junior faculty, and ongoing outstanding service to the Department, the university, and their profession, including their support for the mentoring and professional development of Assistant and Associate Professors. Professors are expected to be role models in their academic work, interaction with colleagues and 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 faculty member has an administrative role that has 5% or greater workload assigned, the impact of that role and other assignments will be considered in the annual review.

In accordance with Faculty Rule 3335-5-04.5, tenured faculty must undergo a post-tenure review if one of three conditions is met:

- A tenured faculty member receives a rating of "does not meet expectations" in the same area on their annual performance evaluation in at least two of the past three consecutive annual reviews;
- A tenured faculty member receives a rating of "does not meet expectations" in any area on their annual performance evaluation in the two years following the conclusion of a previous post-tenure review; or
- The department chair, dean, or executive vice president and provost determines that the tenured faculty member has a documented and sustained record of significant underperformance outside of their annual review; for this purpose, for cause may not be based on a faculty member's allowable expression of academic freedom as defined by the university or Ohio law.

E. Annual Review Procedures: Clinical faculty

The annual review process for clinical probationary and non-probationary faculty is identical to that for tenure-track probationary and tenured faculty respectively, except that non-probationary clinical faculty may participate in the review of clinical faculty of lower rank.

In the penultimate year of a clinical faculty member's appointment, 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.

For probationary faculty, if the position will continue, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. This review involves the solicitation of an updated CV and a vote by the committee of eligible faculty. External letters of evaluation are not solicited.

For non-probationary faculty in their second or subsequent term, the individual must be informed as to whether the appointment will be extended by the end of the penultimate year of each

appointment period. If the Department Chair decides not to renew, that decision must be reviewed by the eligible faculty. If the Department Chair decides to renew, that decision will be final. The standards of notice set forth in Faculty Rule 3335-6-08 must be observed.

F. Annual Review Procedures: Research faculty

The annual review process for research faculty probationary and non-probationary faculty is identical to that for tenure-track probationary and tenured faculty respectively, except that non-probationary research faculty may participate in the review of research faculty of lower rank.

In the penultimate year of a research faculty member's appointment, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. The reappointment review during the probationary period (i.e., initial term) requires a complete CV which is reviewed by the committee of eligible faculty. This review proceeds identically to the Fourth-Year Review procedures for tenure-track faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract.

The standards of notice set forth in Faculty Rule 3335-6-08 must be observed.

G. **Annual Review Procedures: Associated Faculty**

Compensated associated faculty members are reviewed annually by the department chair or designee, who prepares a written annual review using the OAA Annual Review Template that includes a determination of whether the faculty member at minimum exceeds expectations, meets expectations, or does not meet expectations in any area of work with 5% or greater workload allocation. The faculty member may provide written comments on the review and has the opportunity to appeal ratings to the dean and/or executive vice president and provost.

Compensated associated faculty members in their initial appointment must be reviewed before reappointment. If the position of a compensated associated faculty member will continue, the faculty member must undergo a formal reappointment review to determine whether it is appropriate to renew that individual's appointment to fill that position. The review generally proceeds in the same manner as for faculty on the clinician educator or clinical excellence pathways, with relevant areas of the core dossier completed, as applicable to the faculty member. Following a vote by the eligible faculty, the department chair makes a decision on renewal of the appointment, and that decision is final. If the decision is to renew, the department chair may extend a multiple year appointment.

If the position of a compensated associated faculty member will not continue, the decision of the department chair to not renew the appointment is final, and a formal reappointment review is not required. Proper notice is to be given to the associated faculty member as set forth under the Policy on Faculty Annual Review, Post-Tenure Review, and Reappointment.

Whether an associated faculty position will or will not continue is at the discretion of the department chair, and that decision is final.

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

H. **Salary Recommendations**

The Department Chair makes annual salary recommendations to the dean, who may modify them. The recommendations are based on the current annual performance review. For clinicians, salary recommendations are under the auspices of the College of Medicine Compensation Plan.

It is the expectation of the College that merit salary increases, and other rewards made by the Department will be made consistent with this APT document and other relevant policies, procedures, practices, and standards established by: (1) the College, (2) the Faculty Rules, (3) the University Office of Academic Affairs, and (4) the Office of Human Resources.

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

Meritorious performance in teaching, scholarship, and service is assessed in accordance with the same criteria that form the basis for promotion decisions. Faculty with high-quality performance 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. The time frame for assessing performance will be the past 12 months, with attention to patterns of increasing or declining productivity.

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

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

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 characterize the ability of a faculty member to effectively contribute to exemplary scholarship, teaching and service. A commitment to these values and principles can be demonstrated by constructive responses to and participation in University and College of Medicine initiatives.

Examples include participation in faculty governance, outreach and service, ethical behavior, activities related to the University's Shared Values, adherence to principles of responsible conduct of research, constructive conduct and behavior during the discharge of duties, responsibilities and authority, and the exercise of rights and privileges of a member of the faculty as reflected in the "Statement of Professional Ethics" of the American Association of University Professors.

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

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.

1. Defining Impact for Promotion and Tenure

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. In addition to examples of evidence indicated below, candidates

can consider demonstrating impact of their work by utilizing social and traditional media (such as X, Facebook, Instagram, Threads, Bluesky).

The clinician educator and clinician scholar pathways, research faculty and tenure-track emphasize scholarly achievements. Scholarship below the suggested benchmarks below does not preclude promotion nor does achievement beyond guidelines for promotion assure promotion. 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.

2. 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. 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.

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.	
Criteria	**Examples of Evidence / Documentation**
Strong and consistent record of effective teaching and mentoring	• Positive evaluations by students, residents, fellows, postdoctoral trainees, local colleagues, and national peers (required). The dossier must clearly document the faculty member's contribution and the impact of these efforts. • Teaching awards and other honors • Documented impact on teaching and training programs, including curricular innovation, new teaching modalities such as web-based design, mobile application, virtual teaching, methods of evaluating teaching, program or course development, publications on teaching, and societal leadership in education. • Development of impactful, innovative programs that integrate teaching, research and patient care are valued. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Clear trend of outstanding or improving teaching evaluations. • Evaluations of presentations at other academic institutions, scientific or professional societies, or other health care organizations.

SCHOLARSHIP 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.	
Criteria	**Examples of Evidence / Documentation**
Discovery and dissemination of new knowledge	• Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, team science, quality improvement, public health and

	community research, implementation science, and diffusion research, among many potential others. • Substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings.
A sustained record or scholarly productivity, reflected in both quantity and quality of publications.	• 15-25 peer-reviewed publications since appointment as an assistant professor. 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. For example, clinician investigators will have less time available for research than basic investigators and appropriate adjustments of these criteria should be made. • Overall impact of scholarship is important. High impact and positive trajectory of scholarship, including work showing national impact. • Impact can include but is not limited to social media penetration, blog subscription, Altmetrics score, nonacademic 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 overtime. • 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.
Evidence of sustained or multiple grant (or other funding mechanism) support	• Candidates for promotion will be expected to have developed and maintained nationally competitive, peer-reviewed extramural funding to support their research program since appointment as Assistant Professor. • Candidates for promotion to Associate Professor with tenure who are without significant clinical responsibilities must have obtained multi-year independent funding from one or more extramural public or private source(s) that apply a high level of rigor in their reviews (e.g., National Institutes of Health [NIH], National Science Foundation, Health Services Resources Administration, Patient-Center Outcomes Research Institute [PCORI], National Institute of Disability, Independent Living and Rehabilitation Research [NIDILRR], Centers for Disease Control [CDC], as well as various charitable and/or private foundations) as principal investigator (PI) or multiple principal investigator (MPI), as one of several program directors or principal investigators on a multi-center grant, or obtained a mid-career K award.

	• They should have ideally demonstrated sustainability of the research program by renewal of the grant award (or other funding mechanism) and/or by garnering a second distinct extramural nationally competitive, peer-reviewed grant from public or private sources. • Candidates for promotion to associate professor with tenure who have significant clinical responsibilities are on the 11-year tenure clock. They are expected to obtain extramural funding defined above as PI or MPI. Competitive, peer-reviewed career development awards such as an NIH K award or national foundation career development award are also acceptable. • For clinician faculty, depending on the extent of clinical responsibilities, sustained industry funding through investigator initiated-proposals is acceptable. • Serving as site-PI for a multi-center industry trial would not satisfy the expectation for extramural funding on the tenure track. • Creation of patients that generate licensing or spin-off companies can be considered to meet the equivalent criteria for extramural funding. • In some circumstances, faculty members' expertise (e.g., biostatistician) may not justify PI level status. In such cases serving as a co-investigator on multiple NIH (or comparable) grants will satisfy the requirement for extramural funding.
Obtaining national recognition and impact for a program of scholarship	• 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.

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.	
Criteria	**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, community health
Excellent patient care (if applicable)	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community
Professional service to the field of Physical Medicine & Rehabilitation	• 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 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 nonprofit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

b. Promotion to Associate Professor 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. 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 Appointments, Promotions, and Tenure Committee or administrators (Chair or Dean) may determine that a faculty member's accomplishments do not merit tenure and may recommend promotion in advance of tenure even if a faculty member has requested promotion with tenure.

Promotion in advance of tenure may only occur if a candidate is not in the 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 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.	
Criteria	**Examples of Evidence / Documentation**
Discovery and dissemination of new knowledge	• Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, team science, quality improvement, public health and community research, implementation science, and diffusion research, among many potential others. • Substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings.
Substantial progress toward the establishment of a thematic program of scholarship	• Consistent and increasing number of peer-reviewed publications as first or senior author or evidence as a key/indispensable co- author. • 10-15 peer-reviewed publications since appointment as an assistant professor. • High impact and positive trajectory of scholarship, including work showing national impact in the College and University • 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 overtime. • 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 favorable promotion decision.
Emerging national recognition	• Invitations to serve as ad hoc journal reviewer. • Invited lectures outside of the University. • Invited platform presentations at national/international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections.
Promising trajectory in extramural funding	• Serving as a principal investigator on an R21, R03, K award or an equivalent grant, co-investigator status on a R01 NIH grant award. • Serving as principal investigator on foundation or other extramural grants.

c. Promotion to Professor

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.

Although the total body of scholarship over the course of a career is considered in promotion and tenure decisions, the highest priority is placed on scholarly achievements since appointment to the tenure track at The Ohio State University. It should be appreciated that evidence of scholarship below the ranges indicated below does not preclude a positive promotion decision especially if reasonable extenuating circumstances exist. Scholarship exceeding the ranges specified below is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or without impact or focus. Scholarship in the context of poor performance in other areas such as absence of evidence of teaching excellence may affect decisions.

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.	
Criteria	**Example of Evidence / Documentation**
A strong and consistent record of effective teaching and mentoring	• A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. • Evidence for exemplary teaching includes outstanding 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. • 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. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Mentorship of junior faculty is expected. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc coaching. Candidates should provide evidence of the impact of their mentorship. • Candidates with clinical duties should demonstrate consistent and effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs.

SCHOLARSHIP 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.	
Criteria	**Examples of Evidence / Documentation**
Discovery and dissemination of new knowledge	• Laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, team science, quality improvement, public health and community research, implementation science, and diffusion research, among many potential others.

	• Substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings
A sustained record or scholarly productivity, reflected in both quantity and quality of publications	• Candidates for promotion to Professor should ideally have 25-35 peer-reviewed publications since their promotion to Associate Professor. However, this is a range that suggests a scope of achievement and not an inflexible requirement for promotion. Specific metrics in support of excellence may be adjusted within the range of 25-35 peer-reviewed manuscripts based on the overall pattern of the faculty member's responsibilities. 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. • 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 International Reputation	• 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 • Designing and/or supervising the construction of creative products (e.g., new technologies, devices, software, algorithms) which advance health-related science and healthcare • Developing and securing intellectual property such as patents, patent disclosures and licensing of University-developed intellectual property • Commercializing intellectual property through innovation and entrepreneurial activities such as entity creation, formation of startup companies and licensing and option agreements

	• Engaging in reciprocal partnership with the community, involving mutually beneficial exchanges of knowledge and the creation, delivery and assessment of timely, unbiased, educational materials and programs that address relevant, critical and emerging issues • Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer- reviewed manuscript, licensing activities that generate revenue should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. • Entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier.
Evidence of sustained or multiple external peer reviewed grant support, national foundation awards, or large-scale industry collaborations.	• Candidates 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 American Heart Association, the American Cancer Society, a major industry grant, or other federal entities. • For clinician faculty, depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or other industries for investigator-initiated proposals may be considered. • Serving as the site-principal investigator for a multicenter trial does not satisfy the expectation for extramural funding on the tenure track. • Creation of patents that generate licensing income or spin-off companies can be considered to meet the equivalent criteria of extramural funding. • 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.

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.	
Criteria	**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 advances 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, especially community health.
Excellent patient care (if applicable)	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community
Professional service to the field of Physical Medicine & Rehabilitation	• 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. • 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 nonprofit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

3. Clinical Faculty

Clinical faculty members have a relatively greater responsibility for patient care, teaching – including instruction in the clinical setting – and service. For this reason, the emphasis on traditional scholarship and external grant funding is less for clinical faculty than for tenure track faculty. Clinical faculty members are not eligible for tenure.

Clinical faculty may serve the Department of Physical Medicine and Rehabilitation, the College of Medicine, and The Ohio State University without ever seeking promotion to the next higher faculty rank simply through repeated reappointment at the same rank. However, the goals and objectives of the Department of Physical Medicine and Rehabilitation, the College of Medicine, and The Ohio State University are best met when all faculty strive for continued improvement by meeting or exceeding the requirements for promotion to the next faculty rank.

In recognition of the varied contributions a faculty member with clinical responsibilities might make to the mission of the College of Medicine, the clinical faculty may choose among three pathways. These are the Clinician Educator Pathway, the Clinician Scholar Pathway, and the Clinical Excellence Pathway. With the exception of the Clinical Excellence Pathway, the awarding of promotion to the rank of associate professor on 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 professor.

A. Promotion to Associate Clinical Professor, Clinician Educator Pathway

Promotion to associate professor for clinical faculty 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. The clinician educator must sufficiently contribute to scholarship to develop a national reputation and impact germane to their area of expertise. While time in position is not part of the criteria for promotion to Associate 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.	
Criteria	**Examples of Evidence / Documentation**
Longitudinal record of teaching and mentoring excellence	• 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. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). • Teaching awards or other honors. • 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. 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.
Favorable impact on teaching and training programs	• Curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. • Development of impactful, innovative programs that integrate teaching, research and patient care are particularly valued.

SCHOLARSHIP 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.	
Criteria	**Examples of Evidence / Documentation**
Contribute to scholarship, academics, and research in their area of expertise	• Contributions to scholarship, a portion of which must be peer-reviewed journal publications. • 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. • 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. • Ideally, 10 scholarly written or digital publications of this type 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. • The creation of new, novel and significantly impactful curriculum or education related projects may be considered as a substitute for formal publication. • Particular 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, local, regional and national presentations or through consultation with the leadership of outside programs. • When particularly impactful education projects and curriculum are substituted for publications, the candidate must demonstrate that their involvement and contributions were significant. • When education projects and curricula (multiple) are used as substitutions for scholarly publications, a minimum of 5 published works is still required of clinical faculty for promotion. 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. 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. • 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 a 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.

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.	
Criteria	**Examples of Evidence / Documentation**
Administrative service to the Department, COM, or University	• Participation or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community
Professional service to the field of Physical Medicine & Rehabilitation	• Leadership of, or election to, a national committee or organization • Development or expansion of initiatives that impact the field of Physical Medicine and Rehabilitation • 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 Physical Medicine and Rehabilitation and The Ohio State University. • Service on panels and commissions, and professional consultation to industry, government, education, and non-profit organizations. • Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.
Advocacy for 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 physical medicine and rehabilitation.

2. Promotion to Clinical Professor, Clinician Educator Pathway

The awarding of promotion to the rank of clinical professor on the clinical faculty, clinician educator pathway, must be based upon convincing evidence that the candidate has developed a national level of impact as an educator or international recognition since appointment or promotion to the rank of associate 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 to Professor for clinical faculty on the clinician-educator pathway, is based upon convincing evidence that the candidate has developed a national or international level of education excellence and recognition through leadership and impact since appointment or promotion to the rank of associate professor. Evidence of international recognition or national leadership should be related to the primary focus of the pathway (clinical or didactic education), but can also be related to clinical, scholarship activities, or professional service. Excellence is not required in all domains.

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

TEACHING Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above.	
Criteria	**Examples of Evidence / Documentation**
Distinctive record of superlative teaching and mentoring excellence	• 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 are required and consistently positive teaching evaluations are highly valued. • Achievement by direct mentees, including publications, external funding, and invited presentations. • Teaching and/or mentoring awards and other honors • 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. • 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. • Evidence of teaching impact or contribution to education pedagogy should also be demonstrable on a national level or emerging international level for promotion to professor on the clinical educator pathway. Examples of national/international impact in education may include but are not limited to: • 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. • Mentorship of junior faculty also demonstrates teaching excellence. This should take the form of a primary mentoring relationship, not ad hoc career coaching. • Evidence of improved educational processes or outcomes (i.e., impact) is required. 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.

SCHOLARSHIP 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.	
Criteria	**Examples of Evidence / Documentation**
Contribute to scholarship, academics, and research in their area of expertise	• 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 and educational content. • 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 in the clinician educator pathway may publish works based on their areas of clinical expertise which form the basis for their teaching of colleagues and peers. These may include, but are not limited to, review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. 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. • Ideally 15, with a minimum of 10, scholarly 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. • 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. • When education projects and curricula (multiple) are used as substitutions for scholarly publications, a minimum of 10 published works (up to 15) is still required of clinical faculty for promotion. • 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. 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 a 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 of engagement. • 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.
Candidate has attained a well-developed national reputation and international influence as a leader in their field	• Invited platform presentations at national/ international scientific sessions. • Visiting Professorships at peer institutions. • Invitations to serve on editorial boards, study sections, and grant review sections • Social media portfolios such as blog vlog/podcast/vodcast authorship/editorial duties or professional media engagement on scholarly topics.

SERVICE Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above.	
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 of 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 within the Department, College, University or beyond. • Leadership positions in professional societies. • In addition, invitations to serve as an external evaluator for promotion candidates from peer institutions is a reflection of a national reputation. • Candidates can consider demonstrating national and/or international impact of their work by utilization of social and traditional media (such as, but not limited to, social media platforms, radio and television) to promote community engagement advocacy and awareness.
Innovative program development that advances the mission of the department, COM and university	• Creation and sustenance of a program to deliver healthcare to the community.
Advocacy for healthcare	• Advocacy for healthcare, 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.
Professional service to the field of Physical Medicine & Rehabilitation	• Leadership of or election to a national committee or organization.

	• Development or expansion of initiatives that impact the field of physical medicine and rehabilitation. • 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 Physical Medicine and Rehabilitation 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.

3. Promotion to Associate Clinical Professor, Clinician Scholar Pathway

Promotion of Clinical Faculty to the rank of Associate Clinical Professor in 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 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.	
Criteria	**Examples of Evidence / Documentation**
Longitudinal record of teaching and mentoring excellence	• A distinctive record of teaching and mentoring excellence is required, as demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. • 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, and the like. • 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

SCHOLARSHIP 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.	
Criteria	**Examples of Evidence / Documentation**
Contributions to scholarship; participated in basic, translational, clinical, informatics, education, or health services research projects or in clinical trials	• Demonstration of impact and a national reputation for scholarship is required for promotion to Associate Professor. • 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. • 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). • In general, a range of 10-20 peer reviewed publications since appointment to Assistant Professor is expected. • 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 funding in support of their research program	• Faculty on this pathway should have acquired external funding as Principal Investigators, MPI's or 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.

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.	
Criteria	**Examples of Evidence / Documentation**
Administrative service to the department, COM, or University	• Participation or leadership of departmental, College of Medicine, hospital, and/or University committees or working groups • Service on departmental or College of Medicine GME committees • Participation on the Institutional Review Board or Intramural Research Review Committee
Excellent patient care	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community

Professional service to the field of Physical Medicine and Rehabilitation	• Leadership of or election to a national committee or organization • Development or expansion of initiatives that impact the field of Physical Medicine and Rehabilitation. • 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 Physical Medicine and Rehabilitation 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
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 physical medicine and rehabilitation.

d. Promotion to Clinical Professor, Clinician Scholar Pathway

Promotion of Clinical Faculty to the rank of Clinical Professor in 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 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.	
Criteria	**Examples of Evidence / Documentation**
Distinctive record of superlative teaching and mentoring excellence	• A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. • The faculty member should have made unique contributions of significant impact to the teaching mission as an Associate Professor. • Active participation as a mentor in training grants such as NIH T32 or K-awards, FAER grants, CTSI KL1 or KL2, and other such mentored programs is highly valued as a teaching and mentoring activity. • Demonstration of positive teaching evaluations by students, residents, fellows, local colleagues and national peers. • 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. • It is expected that those proceeding to the rank of Professor will have a significant career of mentorship of students, trainees such as residents or fellows, doctoral or post-doctoral students or faculty at earlier career stages. • Mentorship of junior faculty is an expectation for faculty being considered to the rank of Professor. It 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.
Favorable impact on teaching and training programs	• Curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development • Development of impactful, innovative programs that integrate teaching, research and patient care

SCHOLARSHIP 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.	
Criteria	**Examples of Evidence / Documentation**

Sustained and expanded impact and national reputation for scholarship	• Demonstration of a sustained and expanded impact and national reputation for scholarship. • 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. • 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. • A range of 10-20 peer reviewed publications since appointment to Associate Professor is expected, although this range does not represent an inflexible requirement for promotion. • 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 funding in support of their research program	• Faculty members on this pathway on the clinical track should ideally have been Investigators on multiple grants from Foundations, Pharma, National Societies or NIH (or equivalent) agencies, as described in earlier sections. • Sustainability of funding is a pre-requisite for promotion to Full Professor on the Clinician Scholar Pathway (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.

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.	
Criteria	**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 APT Committee • Participation on the Institutional Review Board or Intramural Research Review Committee.
Excellent patient care	• Clinical program development or enhancement • Innovative programs that advance the mission of the University or hospital, such as creation and sustenance of a program to deliver healthcare to the community.
Professional service to the field of Physical Medicine & Rehabilitation	• 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 Professor. • The faculty member should have made new service contributions of significant impact as an Associate 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.
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 physical medicine and rehabilitation.

e. Promotion to Associate Professor, Clinical Excellence Pathway

The Clinical Excellence Pathway is appropriate for faculty members whose direct patient care responsibilities or patient care administration are 80% or more of their total professional effort. Excellence in teaching and scholarship are not required for promotion, 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 Physical Medicine and Rehabilitation, 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 the potential to enhance the overall reputation of the Department of Physical Medicine and Rehabilitation, 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.

The awarding of promotion to the rank of Associate Professor on the Clinical Excellence Pathway must be based on convincing evidence that the candidate has demonstrated outstanding clinical outcomes and a record of impact relating to clinical care. Additionally, a record that demonstrates a faculty member's clinical

expertise is recognized outside the OSU system. Social and digital media outlets can be used to demonstrate impact. However, these non-traditional metrics do not in and of themselves demonstrate clinical excellence. Promotion will not be granted purely on the basis of length of service to the institution, clinical productivity, and 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. Other pieces of evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems.

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 excellence and impact in their respective clinical area, related to the scope of their practice. Due to the diverse 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 are. While excellence in patient care is expected of all clinicians, scholarship of practice denotes new contributions to patient management, approaching new patient populations, quality initiative, development of new programs or service lines, 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 to organizational function, quality and safety metrics, number of patients served and dissemination of innovation to other 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 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.

Criteria	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	• Demonstration of impact or excellence in clinical performance is a hallmark of the clinical excellence pathway and is *required* • Quantitative quality indicators may be used, such as quality indicators, mortality metrics, complication rates, readmission rates. Process improvements, reduction in health disparities, 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 • Multiple subjective measures supporting excellence in clinical care, such as written testimonial recognition of excellence from patients or families, colleagues, residents, students, or other health care team members • Preferred provider recognition. Referral patterns or other metrics that indicated acknowledgement of a faculty member's expertise such as, but not limited to, the number of cases referred for a second opinion, patients referred from other states or other regions

	within Ohio. Traditional and social media can be used to exemplify the impact of the faculty member's excellence (e.g. disease specific or care specific Facebook forums, X, etc.) • Evidence that the 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 OSU/NCH system for advice about patient care • Evidence that a faculty member has developed a new program or led improvements in an existing program. Subsequent to these 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. • Participation is successful quality improvement or systems-based efforts that improve care delivery or health care outcomes; these should be translatable or realistically adaptable to other settings locally and nationally • Cultivation of referral patterns from beyond the typical distribution for the candidate's specific area of clinical practice, demonstrating a reputation external to the organization as "best in class" – this may include referral of the most complex and sickest patients thus identifying physicians with unique clinical skills as exemplary in their field • Operational improvements that make practice more efficient, effective, easier to access, or more cost effective • Evidence of development of programs to identify healthcare disparities or

	programmatic changes to negate the effects of inequitable healthcare delivery
Local and regional recognition	• Invitations to speak locally, regionally, or at other hospitals, academic medical centers, or statewide professional societies • Dissemination of clinical expertise by presentation at grand rounds or equivalent regional, state, or national conferences, participation in the development of clinical practice guidelines, small group activities with peer-reviewed data and internal benchmarking, and participation in web-based education, online seminars, podcasts, blogs, social media outlets and creation of educational websites relating to patient care to the extent their impact can be quantified • Development of innovative approaches to the management of a specific clinical problem that becomes a local, regional, or national standard of care • Demonstration of the faculty member's expertise as recognized by the receipt of honors and awards from internal and external sources, for example ranking among the region's and nation's elite such as Best Doctors ©, Castle Connolly, or similar recognitions • Receipt of awards from local, state, or national organizations for clinical excellence • Sustained and meaningful participation and/or leadership in the Department of PMR, The Ohio State University Wexner Medical Center, the College of Medicine, Nationwide Children's Hospital, and local or regional, and national committees related to clinical care • Demonstration of collaboration with researchers as a skilled phenotyper or clinical trial collaborator

f. **Promotion to Clinical Professor, Clinical Excellence Pathway**

Promotion to Clinical Professor on the Clinical Excellence Pathway requires the benchmarks for Associate Clinical Professor and must have additional evidence of national impact on practice or involvement in national programs of patient care, practice innovation, and advancement of quality of care. There must be convincing evidence that the candidate has met more advanced criteria for excellence in the scholarship of practice since appointment or promotion to the rank of associate professor. Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor. Singular achievements are not sufficient as there must be a body of work accomplished during the interval as associate professor that supports promotion. 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 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.	
Criteria	**Examples of Evidence / Documentation**
Teaching Excellence	• Outstanding clinical mentorship of trainees (residents, fellow) 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	• Demonstration of impact or excellence in clinical performance is a hallmark of the clinical excellence pathway and is *required*

	• Quantitative quality indicators may be used, such as quality indicators, mortality metrics, complication rates, readmission rates. Process improvements, reduction in health disparities, 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 • Multiple subjective measures supporting excellence in clinical care, such as written testimonial recognition of excellence from patients or families, colleagues, residents, students, or other health care team members • Preferred provider recognition. Referral patterns or other metrics that indicated acknowledgement of a faculty member's expertise such as, but not limited to, the number of cases referred for a second opinion, patients referred from other states or other regions within Ohio. Traditional and social media can be used to exemplify the impact of the faculty member's excellence (e.g. disease specific or care specific Facebook forums, X, etc.) • Evidence that the 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 OSU/NCH system for advice about patient care

	• Evidence that a faculty member has developed a new program or led improvements in an existing program. Subsequent to these 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. • Participation is successful quality improvement or systems-based efforts that improve care delivery or health care outcomes; these should be translatable or realistically adaptable to other settings locally and nationally • Cultivation of referral patterns from beyond the typical distribution for the candidate's specific area of clinical practice, demonstrating a reputation external to the organization as "best in class" – this may include referral of the most complex and sickest patients thus identifying physicians with unique clinical skills as exemplary in their field • Operational improvements that make practice more efficient, effective, easier to access, or more cost effective
Regional and National recognition	• Invitations to speak regionally and nationally or at other hospitals, academic medical centers, or statewide professional societies • Dissemination of clinical expertise by presentation at grand rounds or equivalent regional, state, or national conferences, participation in the development of clinical practice guidelines, small group activities with peer-reviewed data and internal benchmarking, and participation in web-based education, online seminars, podcasts, blogs, social media outlets and creation of educational websites

	relating to patient care to the extent their impact can be quantified • Development of innovative approaches to the management of a specific clinical problem that becomes a local, regional, or national standard of care • Demonstration of the faculty member's expertise as recognized by the receipt of honors and awards from internal and external sources, for example ranking among the region's and nation's elite such as Best Doctors ©, Castle Connolly, or similar recognitions • Receipt of awards from local, state, or national organizations for clinical excellence • Sustained and meaningful participation and/or leadership in the Department of PMR, The Ohio State University Wexner Medical Center, the College of Medicine, Nationwide Children's Hospital, and local or regional, and national committees related to clinical care • Demonstration of collaboration with researchers as a skilled phenotyper or clinical trial collaborator
Track record of clinical leadership	• Leadership of operational improvements that make practice more efficient, effective, easier to access, or more cost effective • Evidence of faculty member's administrative leadership involves creativity, innovation, and is evaluated by outcomes. These leadership roles may include the following: a. Health system leadership of patient care programs, operations or health care finance b. Leadership at the departmental, college, university, or national level of programs that advance

	disease prevention, patient care, or faculty and staff wellness

4**. Research Faculty**

The criteria for promotion 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.

a. Promotion to Research Associate Professor

Candidates for promotion to research associate professor are expected to demonstrate the beginnings of a national recognition of their expertise. Research faculty are not expected to establish an independent program of research but rather support of the investigative work of others. It is expected that the successful candidate will have a sustained record of salary recovery from extramural sources. Research faculty typically serve as co-investigators, and independent extramural funding as principal investigator or multiple principal investigator is not required. Promotion will entail generation of a renewed contract. There is no presumption of a change in contract terms.

CRITERIA FOR PROMOTION TO RESEARCH ASSOCIATE PROFESSOR Please note that these are not intended to be a list of requirements but are examples for consideration for individual candidates. Promotion decisions are based on the totality of the accomplishments of the candidate as detailed above. Required elements are noted.	
Criteria	**Examples of Evidence / Documentation**
Teaching Excellence	• *Excellence in teaching is not required*, although participation in teaching and mentoring of trainees and early career faculty is valued and may be included
Service Excellence	• *Not Required*
Documentation of a sustained and substantial record of scholarship based in area of expertise.	• 15-20 peer-reviewed journal publications since their appointment as a research assistant professor (*required)*. First, senior, or corresponding authorships are not necessarily expected, but a faculty member should demonstrate their supportive role to the project. • Overall, the number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important

	considerations. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision. • Momentum is an important consideration. There should exist a trajectory of increasing scholarly activity and outcomes over time.
Demonstrate the beginnings of a national recognition of their expertise	• Invitations to review manuscripts or grant applications • Invitations to lecture at scientific societies or other universities, consultation with industry or governmental agencies • Requests for collaboration from other universities, request to serve in central roles on multi-center studies • National reputation/impact may also be demonstrated in part through non-traditional metrics (e.g., social media portfolios, Altmetrics scores) [See Defining Impact above].

B. Promotion to Research Professor

The awarding of promotion to the rank of research professor must be based upon convincing evidence that the candidate has established a national level of recognition and impact beyond established for promotion to associate professor. Research faculty typically are not expected to establish an independent program of research. It is expected in general that the successful candidate will have a sustained record of salary recovery from extramural sources. A record of continuous peer-reviewed extramural and/or commercial funding is required, along with demonstrated research productivity as a result of such funding. Research faculty typically serve as co-investigators, and independent extramural funding as principal investigator or a multiple principal investigator is not required. 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.	
Criteria	**Examples of Evidence / Documentation**

Teaching Excellence	• *Excellence in teaching is 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.	• 20-30 peer-reviewed journal publications since appointment as research associate professor *(required)*. Some first, senior, or corresponding authorships are expected. On middle author publications, the candidate should document a supportive role to the project. • The number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision. • Momentum is an important consideration. There should exist a trajectory of increasing scholarly activity and outcomes over time.
Established a national level of recognition and impact beyond established for promotion to associate professor	• 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].

1. Promotion of Associated Faculty

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

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

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

For uncompensated associated faculty, 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.

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 chair
- Review and approval by College of Medicine Office of Academic Affairs.

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

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

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 emphasis on its continuing activities, instances will arise in which

the proper work of a faculty member may depart from established academic patterns. Generally, distinguished achievement in scholarship must include evidence of creative expression and innovation in the candidate's discipline. The basic requirements for promotion and tenure reviews are outlined in the following paragraphs.

1. **Tenure-Track, Clinical, and Research Faculty**

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. Candidates are responsible for reviewing the list of potential external evaluators compiled for their case according to Department guidelines. Each of these elements is described in detail below.

- **Dossier**

Every candidate must submit a complete and accurate dossier that follows the Office of Academic Affairs core 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 Appointments, Promotion, and Tenure Committee makes reasonable efforts to check the dossier for accuracy and completeness, the candidate bears full responsibility for all parts of the dossier that are to be completed by them. Please refer to the APT Toolbox for a wealth of information on completing a dossier.

Unless specifically stated in the core dossier, the time period for teaching documentation to be included in the dossier for probationary faculty is start date on the faculty at OSU to present. For tenured or non-probationary faculty, it is the date of last promotion or the last five years, whichever is less (and excluding any information that may have been considered for a previous promotion), to present. The eligible faculty may allow a candidate to include information prior to the date of last promotion or reappointment if it believes such information would be relevant to the review. Any such material should be clearly indicated.

The time period for scholarship documentation to be included in the dossier is the entire duration of the faculty's academic career (including residency, post-doctoral fellowship, or post-doctoral training). For faculty being considered for promotion at the rank of Associate Professor, the weight of the review is from the date of the initial faculty appointment (including time on faculty at another institution) to the present. For faculty being considered for promotion at the rank of Professor, the weight of the review is from

the date of the dossier submission for the promotion to associate professor to present. It is the scholarship performance since the date of last promotion that is to be the focus of the evaluating parties. All scholarship outcomes will be reviewed for increasing independence over time. There should also be an increasing trajectory of significant scholarly outcomes over time.

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 last five years, whichever is most recent. The eligible faculty may allow a candidate to include information from before the date of last promotion if it believes such information would be relevant to the review. Where included, the candidate should clearly indicate what material constitutes the work completed since the date of the mandatory review, and what material is from prior to the mandatory review.

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.

i. Teaching

Typically, documentation of teaching for the promotion dossier should include the following items:
• Cumulative SSLE (Survey of the Student Learning Experience) and, through summer term, 2025, SEI reports (Student Evaluation of Instruction) computer-generated summaries prepared by the Office of the University Registrar for formal University classes.
• Cumulative evaluations of clinical teaching (lectures, conferences, grand rounds, patient care encounters, etc.) utilizing appropriate online evaluation tools, where available.
• medical student evaluations, for example using Vitals
• resident and fellow evaluations, for example using MedHub
• Peer evaluation of teaching reports as required by the department's peer evaluation of teaching program.
• teaching activities as listed in the core dossier including, involvement in graduate/professional exams, theses, 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, and other relevant documentation of teaching, such as a teaching portfolio, as appropriate.
• Other relevant documentation of teaching as appropriate.

Peer evaluation is required on a recurring basis for all faculty members. Peer evaluations may include internal and/or external reviews 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.

ii. Scholarship

Scholarship is broadly defined as the discovery and dissemination of new knowledge by research, study, learning, and the scholarship of practice. This includes but is not limited to investigator-initiated clinical trials and research based on cases or case series, educational outcomes research, development of academic modules, and entrepreneurship. The nature and amount of scholarship should be pertinent to the faculty member's track and pattern of responsibilities. In addition, departments should incorporate mechanisms to recognize new and emerging methods of dissemination of scholarship, including websites, social media, etc. This Appointments, Promotion and Tenure document specifically establishes how the evidence of a faculty member's scholarship will be documented and assessed in terms of quality and significance and in relationship to the expectations of the track they are in.

All tenure-track, clinical, and research faculty members (with the exception of clinical faculty on the clinical excellence pathway) must develop a record of scholarship that is documented by a body of original scholarly work over a period of time. Scholarship is broadly defined including all aspects of basic science, clinical research including clinical trials and research based on cases or case series, scholarship of teaching and learning, development of academic modules, entrepreneurship, etc. The evidence for scholarship must refer to original, substantive works that are documented achievements. Recognition of the scholarly work must also be external to the University, residing in the scientific and educational practice communities apropos to the faculty member's field of scholarship. The nature of scholarship should be pertinent to the faculty member's track and pattern of responsibilities. Those in the clinical excellence pathway demonstrate scholarship of practice through innovations in patient care that advance disease prevention, detection, and treatment (see the criteria for the clinical excellence pathway sections).

Evidence of scholarship can include but is not limited to: peer-reviewed journal articles, bulletins and technical reports, original books and monographs, edited books, chapters in edited books, editor-reviewed journal articles, reviews and abstracts, papers in proceedings, unpublished scholarly presentations, externally funded research, funded training grants, other funding for academic work, prizes and awards for research or scholarly or creative work, major professional awards and commendations. Evidence of scholarship may also include invited lectures at other universities, symposia, and conferences; invention disclosures, patent activity, entrepreneurship, technology commercialization, software development; editorship of a major collection of research

work; leadership of advanced seminars and symposia under organizational sponsorship; and invitations to serve on national review bodies. Documentation of scholarship also includes grants and contracts submitted and received, and a demonstration of the impact of the scholarship, as documented with citation data, impact factors, book distribution data, adoption of texts or procedures by external TIUs or academic health centers, and so forth. Although receipt of an extramural grant is meritorious, promotion also requires evidence of the impact and outcomes of the scholarly program it supports.

If requested by the Department AP&T Committee, copies of all scholarly papers published or accepted for publication. Papers accepted for publication but not yet published must be accompanied by a letter from the publisher stating that the paper has been unequivocally accepted and is in final form, with no further revisions needed.

Other relevant documentation of research may be included as appropriate (published reviews including publications where one's work is favorably cited, grants and contract proposals that have been submitted).

iii. Service

Service is broadly defined to include administrative service to the University, exemplary patient care, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. In the College of Medicine, a candidate's service contributions must be demonstrated to be of high quality and effectiveness. All tenure-track and clinical faculty members must contribute to service as evidenced by documentation of contributions over a sustained period of time. This Appointments, Promotion, and Tenure document specifically establishes how the evidence of a candidate's service will be documented and assessed in terms of quality and effectiveness. High-quality patient care is an expectation of all faculty members with clinical responsibilities, and therefore, evidence of additional service is necessary for promotion. Evidence of administrative service to the University may include appointment or election to department, college, and/or University committees, holding administrative/leadership positions; development of innovative programs, and participating in mentoring activities. Program development, reflecting the integration of teaching, service, and research in a specific content area, may be given special recognition and significance 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 a professional consultant to industry, government, and education. Evaluation of service should include evidence of a spirit of collegiality and collaboration with all of those in the many roles that work to advance the College and its mission.

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

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

  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 also External Evaluations below)

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

b. Appointments, Promotion and Tenure Committee Responsibilities

The responsibilities of the Appointments, 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 the spring semester, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only professors on the committee may consider promotion review requests to the rank of professor. A simple majority of those eligible to vote on a request must vote affirmatively for the review to proceed.

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

o A tenured or non-probationary faculty member may only 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.

o A decision by the committee to permit a review to take place in no way commits the eligible faculty, the Department chair, or any other party to the review to making a positive recommendation during the review itself.

- Annually, in late spring through early autumn semester, to provide administrative support for the promotion and tenure review process as described below.

o **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.

o **Late Spring:** Suggest names of external evaluators to the Department chair.

o **Late Spring:** The candidate should be shown the list of potential evaluators by the Appointments, Promotion & Tenure committee chair to identify any collaborators, conflicts of interest or other issues that could interfere with the objectivity of the reviews, and be invited to augment it with no more than three names of persons who meet the criteria for objective, credible, evaluators. The department may not use more than two names provided by the faculty (one for clinical excellence and clinician educator).

o **Summer:** Gather internal evidence of the quality of the candidate’s teaching, scholarship, and service from students and peers, as appropriate, within the Department.

o **Late Summer/Early Autumn:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with University Office of Academic Affairs requirements; and work with candidates to ensure that needed revisions are made in the dossier before the formal review process begins.

o Meet with each candidate for clarification of the dossier 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.

o 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.

o 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.

o Consider the interdisciplinary work of a candidate across multiple units as part of the whole work, especially if the candidate has a joint appointment in another unit.

o Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier.

o 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 in the college to identify appropriate faculty members from other departments 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 but rather represents an independent review.
- The Eligible Faculty Committee 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 contextualize the vote, including any "minority opinions" as appropriate. In the event the candidate is on the tenure track, this letter must be written by a tenured faculty at the appropriate rank per University Faculty Rules.

d. Department Chair Responsibilities

In the event that the Department Chair is on the Clinical faculty, and therefore ineligible to conduct the promotion evaluation of a tenure track candidate for promotion, the Department must appoint or otherwise designate a tenured faculty member who can provide the Chair level review. For review of candidates being considered for promotion to Professor, that designee must be a Tenured Professor. The responsibilities of the Department Chair or designee 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 must ensure that such questions are asked of all applicants in a non-discriminatory manner.) For tenure-track assistant professors, the Department chair is to 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 Appointments Promotion and Tenure Committee, the Chair and the candidate. (Also see External Evaluations below)

- To review faculty with budgeted joint appointments whose primary appointment is in this Department. The Department chair will seek a letter of evaluation from the TIU head of the joint appointment unit. The input should be in the form of a narrative commenting on faculty duties, responsibilities, and workload; on any additional assignments; and on impact of the work of the individual in the field of the joint unit.

- To charge each member of the Eligible Faculty 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 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 conclusion regarding if a candidate's dossier meets the criteria for promotion and/or tenure.
- To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the Department review process:

    - Of the recommendations by the eligible faculty and Department Chair
    - Of the availability for review of the written evaluations by the eligible faculty and Department chair
    - Of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the Department Chair, for inclusion in the dossier.
- To provide a written response to any candidate comments that warrants response for inclusion in the dossier.
- To forward the completed dossier to the college office by that office's deadline of November 1.
- Except for Associated faculty (see VI.B.2 below), all dossiers, including those with a negative Department evaluation, must be forwarded to the College. Only the faculty member may stop the review process.
- To receive the eligible faculty's written evaluation and recommendation of a candidate who is a joint appointee from another TIU, to write an evaluation and recommendation of the candidate to the Department Chair of the other TIU, and forward this material to the TIU head by the date requested.

2. Procedures for Associated Faculty

Adjunct faculty, associated faculty with tenure-track titles, and associated clinical 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).

3. External Evaluations

External evaluations are obtained for all promotion and/or tenure reviews in which scholarship must be assessed. As described above, a list of potential evaluators is assembled by the Appointments, Promotion and Tenure Committee, the Department chair, and the candidate.

In keeping with the national standing of The Ohio State University, the Department of Physical Medicine and Rehabilitation will ask for evaluations from faculty in programs that are nationally recognized in their field or subfields. Physical Medicine and Rehabilitation is made up of interdisciplinary sciences in which scientists apply diverse expertise in rehabilitation, engineering, neuroscience, sports medicine, pain medicine, rehabilitation psychology, pain psychology, and general psychology. Because physical medicine and rehabilitation experts are often found outside of traditional academic departments, a specific list cannot be easily devised.

Accordingly, this department will seek external evaluations predominately from evaluators from the Big Ten Academic Alliance and the Association of American Universities. If a

candidate's field of research requires additional expertise outside of AAU, a request for review and approval will be made to the College of Medicine.

Candidates are permitted to suggest external evaluator names following the criteria below. However, per Faculty Rule 3335-06-04 (B) 3, "no more than one-half of the letters contained in the final dossier should be from persons 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 (three for clinical excellence and clinician educator pathways) must be obtained. A credible and useful evaluation:

- Is written by a person highly qualified to judge the candidate's scholarship (or other performance, if relevant) who is not a close personal friend, research collaborator (no shared publications in the last three years, unless part of a very large multi-centered project with a large number of authors), or former academic advisor or postdoctoral 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. External evaluators must be able to provide an objective evaluation of the scholarly work. They must be at the rank above the candidate being considered unless an exception has been granted by the college. It is therefore essential that the individual or body generating the list of prospective evaluators ascertain the relationship of prospective evaluators with the candidate before seeking a letter of evaluation. Candidates must be provided the opportunity to propose potential external reviewers and to review the proposed list of reviewers to identify potential conflicts.

- 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 five 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 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 head all agree in writing that it may proceed and agree that it will not constitute a procedural error. Faculty on the clinical excellence pathway moving to Associate Professor may have three internal letters of evaluation; faculty moving to Professor should have at least one external letter of evaluation out the three total letters.

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

Templates for the solicitation of external letters of evaluation for faculty in the College of Medicine may be found here.

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

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

VII. Promotion and Tenure and Reappointment Appeals

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

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

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

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

VIII. Reviews in the Final Year of Probation

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

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

IX. Student and Peer Evaluation of Teaching

A. Student Feedback on Teaching

Teaching is broadly defined to include teaching in the classroom, at the bedside (or clinic), or in the laboratory. If appropriate, faculty in the Department can make use of the Survey of the Student Learning Experience (SSLE) or can use any other appropriate method of student evaluation of their teaching as previously approved by OAA. If using the SSLE, the faculty member must leave the classroom during the time allotted for completing the evaluation. If using other forms of evaluation, the faculty member should not be present during the students' completion of the evaluation form or other online evaluation systems. Faculty are also reviewed regularly by residents using appropriate online evaluation systems. The faculty member should reiterate to students that the feedback provided in the evaluations is used both for performance reviews and to provide feedback that can be taken into account in future teaching.

B. Peer Evaluation of Teaching

The Department Chair oversees the Department's peer evaluation of teaching process. They will appoint a Peer Review of Teaching Committee. The term of service is one year, with reappointment possible.

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

- To review the teaching of probationary tenure-track faculty, probationary clinical faculty, and associated faculty with multiple year appointments at least once per year.
- To review the teaching of tenured associate professors and non-probationary associate professors on the clinical faculty at least once per year.
- To review the teaching of tenured professors and non-probationary clinical faculty professors at least once every two years.
- To review, upon the Department Chair's request, the teaching of any faculty member not currently scheduled for review. Such reviews are normally triggered by low or declining student evaluations or other evidence of the need for providing assistance in improving teaching.
- To review the teaching of a faculty member not currently scheduled for review, upon that individual's request, to the extent that time permits; reviews conducted at the request of the faculty member are considered formative only; the Department head is informed that the review took place, but the report is given only to the faculty member who requested the review; faculty seeking formative reviews should also seek the services of the Michael V. Drake Institute for Teaching and Learning.

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

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

Appendices

A. Glossary of Terms

Adjunct Faculty – 0% FTE, non-salaried or 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 – persons with clinical practice titles, adjunct titles, visiting titles, and lecturer titles; also, professors, associate professors, assistant professors, and instructors who serve on appointments totaling less than fifty per cent service to the university. (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 and have the title of instructor, assistant, associate or professor of practice. (See also Full-time Paid Associated Faculty)

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

Clinical faculty – the professional option for physicians and psychologists who primarily engage in clinical teaching and practice.

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 Time – the ability to have the tenure clock extended by up to three years

Faculty professional options – the College of Medicine has four: Tenure-track, Clinical faculty, Research, and the Associated faculty

FTE – Full-time equivalent, the percentage of time worked expressed as a decimal. Full- time is 1.0, half-time is .5, and quarter-time is .25.

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

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

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

MOU – Memorandum of Understanding – a document between two academic Departments expressing how a faculty member's appointment, time, salary and other resources will be allocated and/or divided. (Used during transfer of Department 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 track or rank applied to another track or rank when a faculty member transfers from the tenure track or is promoted. Prior service credit is not allowed for track transfers; it is automatic for promotions unless turned down. For probationary Tenure-track appointments, prior service credit shortens the length of time that a faculty member has to achieve tenure by the amount of the credit.

Probationary period – the length of time in which a faculty member on the Tenure-track has to achieve tenure (6 years for faculty without clinical service, 11 years for faculty with significant patient clinical service responsibilities). It is also defined as the first contract for Clinical and 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 option for basic scientists who engage exclusively in research-based scholarship.

SSLE – Survey of the Student Learning Experience

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 typically 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. AAUP Statement on Professional Ethics

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

2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.

3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.

4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.

5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

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