

**Appointments, Promotion, and Tenure
Criteria and Procedures for
The Ohio State University
Department of Pediatrics**

Approved by the Office of Academic Affairs: 12/22/2021

**DEPARTMENT OF PEDIATRICS
APPOINTMENTS, PROMOTION AND TENURE DOCUMENT**

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I. PREAMBLE

This document is a supplement to Chapters 6 and 7 of the [Rules of the University Faculty](#) the annually updated procedural guidelines for promotion and tenure reviews in Volume 3 of the Office of Academic Affairs [Policies and Procedures Handbook](#) and other policies and procedures of the college and university to which the college and the faculty are subject.

Should those rules and policies change, the Department of Pediatrics 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 five years on the appointment or reappointment of the department chair.

This document must be approved by 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 mission of the College of Medicine and the university, its criteria and procedures for faculty appointments and for faculty promotion, tenure and rewards, including salary increases. In approving this document, the Office of Academic Affairs accepts the mission and criteria of the Department of Pediatrics and delegate to it the responsibility to apply high standards in evaluating current faculty and faculty candidates in relation to college 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 college; and to make negative recommendations when warranted in order to maintain and improve the quality of the faculty.

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

This document defines in qualitative and in some instances quantitative terms the criteria for promotion for tenure track, clinical, research, and associated faculty, and describes the procedures by which the department's faculty appointments, reappointments, promotion and tenure actions are reviewed for approval. These occur in the context of department's mission as well as the mission and standards of the College of Medicine. The document indicates how the quality and effectiveness of teaching, the quality and significance of scholarship, and the quality and effectiveness of service must be documented and assessed. The document also describes the department's procedures for conducting annual performance reviews of faculty. The document must be written and amended through broad faculty consultation with all voting members of faculty according to the principles articulated in paragraph (C)(3) of rule [3335-3-35](#) of the *Rules of the University Faculty* and must be approved by the dean of the College of Medicine and the Executive Vice President and Provost.

The criteria for appointments, reappointments, promotions, and tenure, reflect a commitment to continuous elevation of the standards for faculty achievement. Accordingly, all decisions on promotion and/or tenure must be made in the context of a continuing effort at academic, scholarly, and intellectual improvement. A decision to promote a faculty member or award tenure is not made primarily based on need for that individual's area of expertise or their service.

Faculty members are evaluated for their contributions to the mission of the Department of Pediatrics,

the College of Medicine, and The Ohio State University. Evaluation encompasses accomplishments in research and scholarship, teaching, education, innovation, program development and service, including activities in support of the patient care mission of the Department, the College of Medicine, and the university.

The *Rules of the University Faculty* permit the department to make appointments in the following faculty categories: tenure track; clinical faculty; research faculty; and associated faculty. Herein are described the characteristics and qualifications that distinguish faculty members in these different categories and provide guidelines for appointments and promotions consistent with these distinctions.

The College of Medicine endorses the university's recognition of the value of diverse contributions by individual faculty members toward the realization of the overall mission of the institution. For example, within the clinical & tenure categories there may be many different patterns of scholarly activity that reflect a range of faculty interests, skills, and accomplishments. These may result in variation in emphasis among teaching, scholarship, and service. Although faculty members may choose to place greater emphasis on certain aspects of scholarly activity, and less emphasis on others, the College of Medicine requires faculty members to demonstrate commitment to all areas. All faculty members are evaluated for appointment and promotion using metrics that reflect the quality and impact of their contributions to the Department, the College of Medicine, and the university in the context of their assigned position descriptions.

It is recognized that an individual faculty member's activity may change over time and may be consistent with different patterns of performance throughout the course of their career. These different patterns of faculty activity will still lead to consideration for, and granting of, promotion and/or tenure, provided that the department's standard of excellence, including demonstration of national or international impact and recognition, as appropriate to the faculty level track, and duties, is met.

II. MISSION

The mission of the Department of Pediatrics is to promote excellence in teaching, research, academics, advocacy, and administrative service, to promote optimum health, and to provide the most effective, efficient and compassionate medical care.

Excellence in teaching is measured by the quality of knowledge conferred to medical students, residents, fellows, graduate and post-graduate students and health care providers of all levels (physicians, nurses; allied health professionals). Teaching also promotes and ensures the highest- quality pediatric residency and fellowship programs in the Department of Pediatrics of The Ohio State University College of Medicine. Excellence in research and other scholarly activities is measured by the quality of those scholarly endeavors which advance the body of scientific knowledge, promote good health, and improve the treatment of diseases of children. Fulfillment of the service component of the mission includes providing the highest quality and value of clinical care for children and their families in Ohio and beyond, and improving the overall level of pediatric health to the public through coordinated and collaborative efforts with physicians and other health care workers, departmental, College and University committees, as well local, state and national agencies. Because children cannot advocate for themselves, advocacy related to policies, protection and services for children is also an important goal of the Department of Pediatrics faculty.

The Department additionally assures that its Policy on Faculty Duties and Responsibilities, included in its [Patterns of Administration](#), is consistent with this mission and its criteria for appointments, promotion, and tenure, merit salary, and other rewards.

The Department of Pediatrics recognizes the benefits of a diverse faculty and seeks to encourage diversity among the faculty and leadership within the Department. The Ohio State University does not discriminate against any individual on the basis of race, color, sex, religion, sexual orientation, age, national origin,

disability or status as a veteran. Appointments, promotion, and tenure of candidates in the Department of Pediatrics and the College of Medicine must adhere to the Office of Human Resources [Policy 1.10](#) governing affirmative action, equal employment opportunity and nondiscrimination/harassment.

Policy and program decisions will be made by the Chair, with consultation and discussion with the Vice Chairs, the Division Chief, Center Directors, by the Department as a whole, and with the advice of standing or ad hoc Departmental committees. Departmental decision making seeks to strike a balance between assuring active and meaningful involvement of the faculty in governance and recognizing that the Chair, on behalf of the College of Medicine and Nationwide Children's Hospital, has ultimate responsibility for the Department's administration. Whenever possible, policy and program decisions in the Department will be based on the principle of majority rule.

III. VALUES

Shared values are the commitments made by the College's community regarding how work will be conducted. Our values in the College of Medicine include:

- Inclusiveness
- Determination
- Empathy
- Sincerity
- Ownership
- Innovation

We also embrace Nationwide Children's Hospital values. As one team we:

- Do the right thing
- Create a safe day every day
- Promote health and well being
- Are agile and innovative
- Get results

The College of Medicine and the Department of Pediatrics operate on the premise that all faculty and staff in the College have unique talents that contribute to the pursuit of excellence. The College supports and embraces collegiality, civility, and diverse beliefs. The free exchange of ideas and opinion should characterize our academic endeavors and interactions within and representing the College.

Each member of the College contributes directly to College productivity through personal accomplishments that further our mission areas. Importantly, each member of the College also contributes indirectly to College productivity by positively influencing the productivity of others. This synergism may be seen in the creation of an outstanding learning environment, productive research collaborations, multidisciplinary approached to clinical practice, sharing of innovative ideas in committee meetings, community, and industry outreach.

All faculty and staff should work toward establishing and maintaining a team culture and an enriching and diverse intellectual working and learning environment. The college is committed to evaluating the practice of these core values as part of all performance evaluations.

IV. DEFINITIONS

A. COMMITTEE OF THE ELIGIBLE FACULTY

The Department of Pediatrics Appointments, Promotion and Tenure Committee represents the

eligible faculty of the Department of Pediatrics, as approved by the university Office of Academic Affairs, to make recommendations to the chair regarding promotion and tenure cases.

1. Appointments, Promotion and Tenure Committee Leadership

The Vice Chair for Academic Affairs serves as chair of the committee and presides over committee meetings, assigns reviewers, and oversees committee voting. If the Vice-Chair for Academic Affairs is a non-tenure track professor, a tenure track professor will serve as co-chair and share responsibility for committee leadership.

2. Appointments, Promotion and Tenure Committee Composition

The committee consists of a minimum of 30 rotating faculty members from the clinical faculty and the tenure track. Members must have their tenure home or primary appointment in the department. The department chair, the dean and assistant and associate deans of the college, the executive vice president and provost, and the president may not participate as eligible faculty members. Members will consist of faculty on both the tenure and clinical faculty at the rank of professor in the Department of Pediatrics, with the majority being on the tenure track. All clinical and tenure track faculty at the rank of professor in the Department of Pediatrics are eligible and may self-nominate or be asked by the committee chair to serve on the committee. Faculty members are appointed for a 3-year period and may serve two consecutive terms. All eligible faculty will review and vote to confirm the members of the committee. For voting purposes, the eligible faculty are (1) all tenured professors, who may vote on any candidate for service on the Appointments, Promotion and Tenure Committee; and (2) all non-probationary clinical professors, who may vote on clinical faculty candidates for service on the Appointments, Promotion and Tenure Committee.

Only tenured professors participate in assessment of eligibility for award of tenure and promotion on the tenure track and in the appointment of tenure-track faculty and research faculty at the rank of associate professor or professor. Tenured professors and non-probationary clinical professors participate in assessment of eligibility for promotion of clinical and associated faculty and in the appointment of clinical and associated faculty at the rank of associate professor or professor. A positive recommendation is secured when a simple majority (greater than 50%) of the votes cast are positive.

3. Conflict of Interest

A conflict of interest exists when a member of the Department's Appointments, Promotion and Tenure Committee is related to a candidate or has a comparable close interpersonal relationship, has substantive financial ties with the candidate, is dependent in some way on the candidate's services, has a close professional relationship with the candidate (e.g. dissertation advisor), or has collaborated so extensively with the candidate that an objective review of the candidate's work is not possible. Generally, faculty members who have collaborated with a candidate on at least 50% of the candidate's published work since the last promotion are expected to withdraw from a promotion review of that candidate.

4. Minimum Composition

In the event that the Department of Pediatrics does not have at least three faculty members who are eligible to conduct the review, the Department of Pediatrics chair must contact the Office of Academic Affairs in the College of Medicine to identify appropriate faculty members from other departments who can supplement the Department of Pediatrics Appointments, Promotion and Tenure Committee. It is important to understand the evaluation by the committee is *not* advisory, but rather represents an independent review of the candidate's accomplishments and suitability for promotions.

B. Quorum

The quorum required to discuss and vote on all personnel decisions for clinical faculty and associated track are a simple majority (greater than 50%) of the entire committee. The quorum required to discuss and vote on all personnel decisions for the tenure track and the research track faculty is a simple majority (greater than 50%) of the tenure track professors on the committee.

Faculty members who recuse themselves because of a conflict of interest are not counted when determining quorum. Those on approved university leave (e.g. medical, business, parental) are not considered for quorum unless they declare, in advance and in writing, their intent to participate in all proceedings for which they are eligible during the leave. Those unable to attend a scheduled meeting either in person or virtually are not excused absences for any reason and do count as members of the committee.

C. Recommendation from the Appointments, Promotion and Tenure Committee

In all votes taken on personnel matters only “yes” and “no” votes are counted. Abstentions are not votes. Faculty members are strongly encouraged to consider whether they are participating fully in the review process when abstaining from a vote on a personnel matter. Absentee ballots and proxy votes are not permitted but participating fully in discussions and voting via remote two-way electronic connection are allowed.

1. Appointment

A positive recommendation from the committee for appointment is secured when a simple majority (greater than 50%) of votes are in the affirmative.

2. Reappointment, Promotion and Tenure, Promotion

A positive recommendation from the committee for reappointment, promotion and tenure, and promotion, is secured when a simple majority (greater than 50%) of votes are in the affirmative.

V. Appointments

The *Rules of the University Faculty* permit the Department of Pediatrics and the College of Medicine to make appointments to the: tenure track; clinical faculty; research faculty; and to the associated faculty. The latter includes unpaid and paid associated faculty. The appropriate faculty initial appointment must be aligned with the expectations and responsibilities of the faculty member and be consistent with their short-term and long-term career plans.

The Department of Pediatrics is committed to making only faculty appointments that enhance or have strong potential to enhance the quality of the faculty. Important considerations include an 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 students in a way that enhances their academic work and attracts other outstanding faculty and students to the department. No offer will be made if the search does not yield one or more candidates who enhance quality of the faculty. The search is either cancelled or continued, as appropriate to the circumstances.

A. Appointment Criteria

1. Tenure Track Faculty

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

Appointments to this track are made in accordance with University Rule [3335-6-02](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department of Pediatrics. Faculty members who are appointed to the tenure track will receive a sufficient allocation of time, space, and resources to meet the expectations and requirements for tenure track appointments. The appointment process requires the Department of Pediatrics provide evidence in support of a tenure track faculty appointment to ensure the faculty candidate has clearly and convincingly met or exceeded applicable criteria in teaching, scholarship, and service. [See Section VII. of this document for examples]. Each candidate for appointment undergoes an appropriate review by the Appointments, Promotions and Tenure Committee, as described in this document.

All faculty members have access to all pertinent documents detailing the Department of Pediatrics, College of Medicine, and university promotion and tenure policies and criteria. The most updated documents can be located at the Office of Academic Affairs [website](#) and the Nationwide Children's Hospital intranet site.

Appointment: Instructor on the Tenure Track

An appointment to the rank of instructor is always probationary. During the probationary period a faculty member does not have tenure and is considered for reappointment annually. Appointments at the rank of instructor are appropriate for individuals who need time to establish a research program and position themselves to begin progress toward tenure. Appointments to this rank may also be made if all of the criteria for the position of assistant professor have been met with the exception that the candidate will not have completed a terminal degree, or other relevant training, at the time of the appointment. When an individual is appointed to the rank of instructor, the letter of offer will indicate the specific benchmarks and achievements required for promotion to assistant professor.

An appointment at the instructor level is limited to three years. Promotion to assistant professor occurs without review the semester following completion of the required credentialing. An instructor must be approved for promotion to assistant professor by the beginning of the third year of appointment. The appointment cannot be renewed beyond the end of the third year. When an instructor has not met the expectations for moving from instructor to the rank of assistant professor by the beginning of the third year of appointment, the third year is a terminal year of employment. Upon promotion to assistant professor, the faculty member may request prior service credit for time spent as an instructor. Unless there are unique circumstances, the college recommends against requesting prior service credit. This request must be approved by the Department's eligible faculty, the department chair, the dean of the College of Medicine, and the Office of Academic Affairs and if approved is irrevocable except through an approved request to exclude time from the probationary period.

Appointment to the rank of instructor require meeting the following criteria.

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

Appointment: Assistant Professor on the Tenure Track

An appointment to the rank of assistant professor is always probationary. During a probationary period, a faculty member does not have tenure and is considered for reappointment annually. Tenure cannot be awarded at the rank of assistant professor. An assistant professor must be reviewed for promotion and tenure no later than the mandatory review year (6th year of appointment for faculty without significant clinical responsibilities, 11th year of appointment for faculty with significant clinical 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), (F), and (G) of University Rule [3335-6-03](#).

Consistent with Faculty Rule, [3335-6-09](#) faculty members without clinical service responsibilities are reviewed for promotion & tenure no later than the 6th year as to whether promotion and tenure will be granted at the beginning of the 7th year. For individuals not recommended for promotion and tenure after the mandatory review, the 7th year will be the final year of employment. Faculty members with significant clinical 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. 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, the department chair, the dean of the College of Medicine, and the Executive Vice President and Provost. Prior service credit shortens a probationary period by the amount of the credit. The college discourages these requests because they are irrevocable, except through an approved request to exclude time from the probationary period.

Appointment to the rank of assistant professor require meeting the following criteria.

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

- Early evidence of excellence in scholarship as demonstrated by the initial development of a body of research, scholarship, and creative work. In addition, evidence must be provided that supports a candidate’s potential for an independent program of scholarship and a strong likelihood of independent extramural research funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix C].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

Appointment: Associate Professor with Tenure on the Tenure Track

Appointments at the rank of associate professor, with or without tenure, require prior approval of the Office of Academic Affairs. Criteria for appointment to the rank of associate professor with tenure are identical to the criteria for promotion to associate professor with tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. In general, appointments at higher rank do not entail a probationary period unless there are compelling reasons not to offer tenure.

Appointment: Associate Professor in Advance of Tenure on the Tenure Track:

While appointments to the rank of associate professor typically include tenure, a probationary period can be granted after petition to the Office of Academic Affairs. The Department will exercise care in making these appointments, and provide the metrics that must be achieved to be awarded tenure. For faculty without significant clinical service responsibilities the probationary period may not exceed four years. For faculty with significant clinical service responsibility, the probationary period may not exceed six years. Requests for such appointments require the approval of the dean of the College of Medicine, and the Executive Vice President and Provost.

An appointment to the rank of associate professor in advance of tenure is probationary. During a probationary period a faculty member does not have tenure and is considered for reappointment annually. Criteria for appointment to the rank of associate professor in advance of tenure are identical to the criteria for promotion to associate professor in advance of tenure, as detailed in Section VII of this document. The university will not grant tenure unless the candidate is a (1) U.S. citizen or national; (2) permanent resident (“green card” holder); (3) asylee or refugee; or (4) an individual otherwise described as a “protected individual” pursuant to Title 8 U.S. Code Section 1324b(a)(3)(b). Offers to foreign nationals require prior consultation with the Office of International Affairs.

Appointment: Professor with Tenure on the Tenure Track

Appointment offers at the rank of professor require prior approval of the Office of Academic Affairs. Criteria for initial appointment to the rank of professor with tenure are identical to the Department of Pediatrics and College of Medicine’s criteria for promotion to professor with tenure, as detailed in Section VII of this document. Appointment to the rank of professor will normally include tenure. The university will not grant tenure, however, unless the candidate is a (1) U.S. citizen or national; (2) permanent resident (“green card” holder); (3) asylee or refugee; or (4) an individual otherwise described as a “protected individual” pursuant to Title 8 U.S. Code Section

1324b (a)(3)(b). For other candidates, a probationary period of up to four years may be extended, on approval of the Office of Academic Affairs. During the probationary period, the faculty member is considered for reappointment annually. Review for tenure will occur in the final year of the probationary appointment. If tenure is not granted, an additional (terminal) year of employment is offered. Offers to foreign nationals require prior consultation with the Office of International Affairs.

2. Clinical Faculty

In the Department of Pediatrics, clinical faculty are as important as tenure track faculty. Clinical faculty pathways exist for those whose principal career focus is outstanding teaching, clinical and research, and delivery of exemplary clinical service. Clinical faculty members will generally not have sufficient time to meet the scholarship requirements of the tenure track within a defined probationary period. For this reason, the nature of scholarship for the clinical faculty differs from the tenure track and may be focused on a mixture of academic pursuits including the scholarship of practice, integration, community engagement, advocacy and education, and discovery of new knowledge. Faculty members appointed to the clinical faculty may choose to distinguish themselves in patient care, teaching, innovative educational program development, or research (scholarship). Faculty members appointed to the clinical faculty may choose to distinguish themselves by accomplishment through Clinician Educator, Clinician Scholar, and Clinical Excellence Pathways. Clinical faculty members are not eligible for tenure and may not participate in promotion and tenure matters of tenure track faculty.

Excellence on the Clinician Educator Pathway is measured by teaching evaluations, innovative teaching practices, curricula development, and publications. Faculty on this pathway may also distinguish themselves by a record of educating trainees at various levels, along with colleagues and peers through invitations to serve as faculty on national continuing medical education programs, invited speakerships or societal leadership.

Excellence on the Clinician Scholar Pathway may occur in basic science, translational science, clinical research, health services research, public health care policy, and outcomes and comparative effectiveness research. Success is measured by publications and extramural grant funding.

The Clinical Excellence Pathway exists for faculty members who focus on exemplary clinical care or unique areas of emphasis in patient management. These faculty members may build signature clinical programs or serve as preferred providers developing a regional or national reputation for clinical service expertise. Faculty members on this pathway typically devote 90% or more of their effort to patient care or administrative service.

All appointments of faculty members to the clinical faculty are made in accordance with Chapter 7 of the *Rules for University Faculty* [3335-7](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department of Pediatrics. All faculty members have access to all pertinent documents detailing Department of Pediatrics, College of Medicine, and university promotion and tenure policies and criteria. The most updated documents can be located at the Office of Academic Affairs website and the Nationwide Children's Hospital intranet.

The initial contract for all clinical faculty members must be for a period of five years. The initial contract is probationary, with reappointment considered annually. Second and subsequent contracts for clinical assistant and associate professors must be for a period of at least three years and for no more than five years. Second and subsequent contracts for clinical professors must be for a period of at least three years and no more than eight years. 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. 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 the contract may be renegotiated at the time of reappointment. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges if required for successful execution of their faculty responsibilities.

The Patterns of Administration of the Department of Pediatrics describes the governance rights to be extended to its clinical faculty. The following paragraphs outline the basic criteria for initial appointments to the clinical faculty.

Appointment: Instructor on the Clinical Faculty

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

When an individual is appointed as an instructor, the letter of offer will indicate the specific benchmarks and accomplishments that will be necessary for promotion to assistant professor. Instructor appointments are limited to three years, with the third year being the terminal year. When an instructor meets the criteria for promotion to assistant professor on the clinical faculty, a new letter of offer with a probationary period of three to five years will be issued. In the event, the instructor has not completed requirements for promotion to the rank of assistant professor by the end of the penultimate year of the contract period, a new contract will not be considered.

Candidates for appointment to the rank of instructor on the clinical faculty will have, at a minimum, met the following criteria.

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study. Or anticipated completion of clinical residency and fellowship.
- Evidence of potential for contributions to scholarship, education, or patient care.
- Post-doctoral clinical training in an appropriate area.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix C].

Appointment: Assistant Professor on the Clinical faculty

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

The initial appointment to the rank of assistant professor is always probationary. During a probationary period, a faculty member is considered for reappointment annually. A probationary appointment may be terminated at any time subject to the provision of University Rule [3335-6-08](#) and the provision of paragraphs (B) and (C) of University Rule [3335-7-07](#). An assistant professor may be reviewed for promotion at any time during the probationary period or during a subsequent contract.

Candidates for appointment to the rank of assistant professor on the clinical faculty will have, at a minimum the following criteria.

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience; and completion of requisite post-doctoral clinical training.
- Evidence of contributions to scholarship, education, community engagement or patient care and the potential to advance through the faculty ranks.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix C].

Appointment: Associate Professor on the Clinical faculty

The criteria for initial appointment at the rank of associate professor to the clinical faculty are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

Appointment: Professor on the Clinical faculty

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

3. Research Faculty

Research faculty appointments exist for individuals who focus entirely on research. Tenure is not granted to research faculty. 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 associated faculty appointments (postdoctoral fellows are appointed as postdoctoral researchers). Appointments to the Research faculty are made in accordance with Chapter 7 of the *Rules of the University Faculty 3335-7*. Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. Unless otherwise authorized by a majority vote of the tenure track faculty, Research faculty may comprise no more than twenty per cent of the number of tenure track faculty in the Department of Pediatrics. In all cases, however, the number of Research faculty positions in a unit must constitute a minority with respect to the number of tenure-track faculty.

Contracts are 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 100% salary recovery from extramural funds. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year regarding reappointment 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 The Ohio State University committees and task forces but not on governance committees. Research faculty members also are eligible to advise and supervise graduate and postdoctoral students and to be a principal investigator on extramural research grant applications. Approval to advise and supervise graduate students must be obtained

from the Graduate School as detailed in Section 13 of the [Graduate School Handbook](#).

Appointment: Assistant Professor on the Research faculty

Criteria for appointment at the rank of assistant professor on the research faculty are as follows.

- 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 or funded effort on peer-reviewed grants.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see AppendixC].
- Strong potential for career progression and advancement through the faculty ranks.

Appointment: Associate Professor on the Research faculty

The criteria for initial appointment to the rank of associate professor on the research faculty are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

Appointment: Professor on the Research faculty

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

4. Associated Faculty

Associated Faculty, as defined in the *Rules of the University Faculty* [3335-5-19](#) (B)(3), include “persons with practice titles, adjunct titles, visiting titles, and lecturer titles.” Persons with a tenure-track faculty title on an appointment of less than 50% FTE are associated faculty. Members of the associated faculty are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters. Associated faculty appointments are for one to three years. The below titles are used for associated faculty in the College of Medicine.

Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor. Adjunct appointments are uncompensated and are given to individuals who volunteer academic service to the Department of Pediatrics 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.

Instructor-Practice, Assistant Professor-Practice, Associate Professor-Practice, Professor-Practice. Practice associated faculty appointments may be compensated or uncompensated. Uncompensated appointments are given to individuals who volunteer

uncompensated academic service to the Department of Pediatrics, 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 The Ohio State University, Ohio State University Physicians, Inc., or the Pediatric Academic Association and requires a faculty appointment (e.g. for clinical credentialing or teaching a course). They may have another paid appointment at The Ohio State University, 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 The Ohio State University, Ohio State University Physicians, Inc. or the Pediatric Academic Association 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 or promotion.

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.

Tenure track Assistant Professor, Associate Professor, and Professor with FTE below 50%. Individuals on the tenure track with an appointment at 49% FTE or below, either compensated or uncompensated fall within the associated faculty. Associated tenure track is determined by applying the criteria for appointment of tenure track faculty. Associated tenure track faculty members are eligible for promotion (but not tenure) and the relevant criteria are those for promotion of tenure track faculty.

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

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

- Associated clinical faculty with clinical responsibilities must be a licensed physician or health care provider if required for successful execution of their faculty responsibilities.
- Associated faculty must have significant and meaningful interaction in at least one of the following mission areas of the College of Medicine.
 - a) Teaching medical students, residents, clinical fellows, undergraduate and graduate students, and postdoctoral fellows. For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.

- b) These faculty members may collaborate with a Department of Pediatrics, College of Medicine, or The Ohio State University research project or otherscholarly activity.
- c) Service to the Department of Pediatrics or the College of Medicine, including participation in committees or other leadership activities.

Appointment: Associated Faculty at Advanced Rank

Associated faculty may be compensated or uncompensated, and typically provide service to the college in the areas of research, clinical care, or education. For compensated faculty who are principally focused on patient care, the appointment at advanced rank criteria and procedures will be identical to those for the Clinical Excellence Pathway. For compensated faculty who contribute principally through educational activities or scholarship, the appointment at advanced rank criteria and procedures will be identical to those for the Clinician Educator Pathway.

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 chair of the Department of Pediatrics outlining their academic performance and citizenship. The chair will decide upon the request, and if appropriate submit it 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.

The Office of Academic Affairs [Policies and Procedures Handbook](#) Volume 1, Chapter 1, has information about the types of perquisites that may be offered to emeritus faculty, provided resources are available.

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

6. Courtesy Appointments

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

B. Appointment Procedures

See the [Faculty Policy on Faculty Recruitment and Selection](#) and the [Policy on Faculty Appointments](#) for information on the following topics: recruitment of tenure track, clinical and research faculty; appointments at senior rank or with prior service credit; hiring faculty from other institutions after April 30; and, appointment of foreign nationals.

Any faculty appointment forwarded from the Department of Pediatrics for approval by the College of Medicine must have been made consistent with this Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by: the College of Medicine; the *Rules of the University Faculty*; the Office of Academic Affairs, including the Office of Academic Affairs [Policies and Procedures Handbook](#), and the Office of Human Resources. A draft letter of offer to a faculty candidate must be submitted to the Associate Dean for Academic Affairs of the College of Medicine for review and approval. The draft letter of offer will be reviewed for consistency with the essential components required by the Office of Academic Affairs Policies and Procedures Handbook, and by the college. Templates for letters of offer are found online on [OneSource](#).

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

1. Tenure Track Faculty

A national search is required to ensure a diverse pool of highly qualified candidates for all tenure track positions. Exceptions to this policy must be approved by the College of Medicine and the Office of Academic Affairs in advance. Search procedures must entail substantial faculty involvement and be consistent with the OAA [Policy on Faculty Recruitment and Selection](#).

The dean or designee of the college provides approval for a search. The chair of the Department of Pediatrics, or the individual who has commissioned the search, in consultation with the Chief Diversity Officer, appoints a search committee, usually consisting of three or more faculty members who reflect the field of expertise that is the focus of the search.

Prior to any search, members of all search committees must undergo inclusive hiring practices training available through the College of Medicine with resources from the [Office of Diversity and Inclusion](#). Implicit bias training, such as that available through the [Kirwan Institute for the Study of Race and Ethnicity](#) or the [Office of Diversity and Inclusion](#), is also required of all search committee members prior to any search.

The search committee will do the following.

- Appoint a Diversity Advocate who is responsible for assuring vigorous efforts are made to achieve a diverse pool of qualified applicants and conduct searches that minimize bias.
- Develop a search announcement for internal posting in the University Personnel Postings through the Office of Human Resources Employment Services (hr.osu.edu) and external advertising, subject to the chair of the Department of Pediatrics.
- Develop and implement a plan for external advertising and direct solicitation of nominations and applications. The university may only award tenure to faculty members who are: (1) U.S. citizens or nationals; (2) permanent residents (“green card” holders); (3) asylees or refugees; or (4) individuals otherwise described as “protected individuals” pursuant to Title 8 U.S. Code Section 1324b(a)(3)(b).
- Screen applications and letters of recommendation and present its findings to the department chair.

Virtual or on-campus interviews are arranged by the search committee chair. Interviews with candidates must include opportunities for interaction with faculty groups, including the search committee, graduate students, or residents when appropriate, the chair of the Department of Pediatrics

or a designee and the dean of the College of Medicine or a designee. In addition, it is recommended that all candidates make a scholarly presentation to the faculty and trainees. All candidates for a given position must follow the same interview format. Relevant accommodations for disability/impairment should be provided.

Following completion of virtual or on-campus interviews, the search committee presents its findings and makes its recommendations to the Department of Pediatrics chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment.

If the offer involves appointment at a rank of associate professor or professor, solicitation of external letters of evaluation is required and the same guidelines as for promotion reviews are followed. The Appointments, Promotions and Tenure Committee representing the eligible faculty must also vote on the appointment. If the offer may involve prior service credit, the Committee must vote on the appropriateness of such credit. Appointment offers at the rank of associate professor or professor, with or without tenure, and/or offers of prior service credit require prior approval of the Office of Academic Affairs.

The department is advised to discuss potential appointment of a candidate requiring sponsorship for permanent residence or nonimmigrant work-authorized status with the Office of International Affairs. The university will not grant tenure unless an individual is a (1) U.S. citizen or national; (2) permanent resident (“green card” holder); (3) asylee or refugee; or (4) an individual otherwise described as a “protected individual” pursuant to Title 8 U.S. Code Section 1324b(a)(3)(b). The department will therefore be cautious in making such appointments and vigilant in seeking residency status for the appointee promptly and diligently.

2. Clinical Faculty

Searches for initial appointments in the clinical faculty will follow the same procedures as those utilized for the tenure track faculty, except that the candidate is not required to give a presentation. A national search is required to ensure a diverse pool of highly qualified candidates. Exceptions to this policy must be requested in advance from the dean of the College of Medicine.

3. Research Faculty

Searches for initial appointments in the research faculty will follow the same procedures as those used for tenure track faculty, although exceptions to a national search require approval only by the college dean.

4. Track Transfers

Transfers between faculty categories are permitted only under the strict guidelines detailed in the paragraphs below according to 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, productive and diverse faculty should be the goal of all appointments.

Transfer: Tenure Track to Clinical Faculty

If faculty members’ activities become more aligned with the criteria for appointment to the clinical faculty, they may request a transfer. A transfer request must be approved by the chair of the Department of Pediatrics, the dean of the College of Medicine, and Executive Vice President and

Provost. The first appointment to the new clinical faculty is probationary. Tenure, or the possibility thereof, is revoked.

The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed. The letter requesting transfer from the tenure track must explicitly acknowledge the loss of tenure eligibility or the revocation of tenure.

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.

Transfer: Tenure Track to Research Faculty

If faculty members wish to engage exclusively in research, without the multiple demands required of the tenure track, they may request a transfer. A transfer request must be approved by the department chair, the dean of the College of Medicine, and the Executive Vice President and Provost. The first appointment to the new research faculty is probationary; and tenure, or the possibility thereof, is revoked.

The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed. The letter requesting transfer from the tenure track must explicitly acknowledge the loss of tenure eligibility or the revocation of tenure.

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.

Transfer: Clinical or Research to Tenure Track

Transfer from the clinical faculty or research faculty to the tenure track is not permitted, but clinical and research faculty are eligible to apply for tenure track positions through a competitive national search.

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

5. Associated Faculty

Initial appointments to a paid associated faculty position should follow the same procedures as those utilized by the Department of Pediatrics and the College of Medicine for clinical faculty, with the exception that a national search is not required. Appointments to an unpaid associated faculty position require no formal search process.

Associated appointments are generally made for a period of one to three years unless a shorter period is appropriate to the circumstances.

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

6. Courtesy Appointments

Any faculty member may propose a 0% FTE (courtesy) appointment to the Department of Pediatrics

for a faculty member from another Ohio State University tenure initiating unit. A proposal that justifies the uncompensated academic service must be approved by the chair in consultation with the faculty member. The chair, in consultation with the faculty, must review all courtesy appointments every three years to determine whether they continue to be justified.

VI. ANNUAL PERFORMANCE AND MERIT REVIEW PROCEDURES

The annual performance and merit review of a faculty member is the responsibility of the chair of the Department of Pediatrics or the chair's designees, typically the division chief or research center director. The review is based on expected performance in teaching, scholarship, and service, on additional assignments and annual goals specific to the individual, and on progress toward promotion where relevant. The Department of Pediatrics follows the requirements for annual performance and merit reviews as set forth in the [Policy on Faculty Annual Review and Reappointment](#). This review is consistent with the Department's Appointments, Promotion and Tenure document and other relevant policies, procedures, practices, and standards established by: (1) the College of Medicine, (2) the Faculty Rules, (3) the Office of Academic Affairs, and (4) the Office of Human Resources.

Meritorious performance in teaching, scholarship, and service is assessed in accordance with the same criteria that form the basis for promotion decisions. All faculty are required to have a written annual performance and merit review by the chair of the Department of Pediatrics, or a designee, typically the division chief or research center director. Each faculty member receives a written evaluation of their performance in narrative format and a copy is retained by the Department of Pediatrics. Annual reviews must include a face-to-face meeting. If a designee conducts the annual review a mechanism must exist for apprising the chair of each faculty member's performance. According to University Faculty Rule [3335-3-35](#), the Department of Pediatrics is required to include a reminder in annual review letters that all faculty have the right according to Faculty Rule [3335-5-04](#)) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.

The dean of the College of Medicine must assess an annual performance and merit review when the Department of Pediatrics has submitted a Report of Non-Renewal of Probationary Appointment of Faculty, the fourth-year review of a probationary faculty member, or a Report of Contract Renewal or Non-Renewal for clinical faculty or research faculty. In each of these cases, the decision of the dean of the College of Medicine is final.

A. Documentation

For their annual performance and merit review, faculty members must submit the following documents to the chair of the Department of Pediatrics, or a designee, typically the division chief or research center director:

- Most updated NCH CV and self-evaluation in Chronus after completing the one on one meeting with the chair of the Department of Pediatrics, or a designee, typically the division chief or research center director
- If applicable, faculty may submit teaching evaluations and peer reviews in Chronus to review during the one on one

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

B. Probationary Tenure Track Faculty

Every probationary tenure track faculty member is reviewed annually by the chair or their designee. This review includes a face-to-face meeting to discuss performance, plans and goals. The review is summarized in a written evaluation that includes a recommendation on whether to renew the probationary appointment.

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

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

1. Fourth Year Review

Each faculty member in the fourth year of probationary service must undergo a review utilizing the same process as the review for tenure and promotion with two exceptions: external letters of evaluation are not be required, and the dean of the College of Medicine, not the department chair, makes the final decision regarding renewal or nonrenewal of the probationary appointment. The objective of this review will be to determine if adequate progress towards the achievement of promotion and tenure is being made by the candidate. Review by the College of Medicine Promotion and Tenure Committee is not mandatory.

External evaluations are solicited only when either the department chair or the Department of Pediatrics Appointments, Promotion and Tenure Committee determine they are necessary to conduct the Fourth-Year Review. This may occur when the candidate's scholarship is in an emergent field, is interdisciplinary, or the eligible faculty do not feel otherwise capable of evaluating the scholarship without outside input.

The Appointments, Promotion and Tenure Committee conducts a review of the candidate. On completion of the review, the committee votes by written ballot or electronic ballot on whether to renew the probationary appointment.

The committee 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 departmental review, the formal comments process (per Faculty Rule [3335-6-04](#)) is followed and the case is forwarded to the college for review, regardless of whether the department chair recommends renewal or nonrenewal.

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

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

2. Eighth Year Review

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

3. Exclusion of Time from Probationary Period

Faculty Rule [3335-6-03](#) (D) sets forth the conditions under which a probationary tenure track faculty member may request exclusion of time from the probationary period, as described below. Additional procedures and guidelines can be found in the Office of Academic Affairs [Policies and Procedures Handbook](#).

C. Annual Review Procedures: Tenured Faculty

Annual review of tenured associate professors and professors may be conducted by the department chair, the division chief, or the research center director. A subcommittee of the Appointments, Promotion and Tenure Committee may provide a written review if asked by the chair of the department of Pediatrics or appropriate designee. Accountability for the annual review process resides with the chair of the Department of Pediatrics.

Associate professors are reviewed annually in a face-to-face meeting. Progress toward promotion is provided in writing. The faculty member may provide written comments on the review.

Professors are also reviewed annually in a face-to-face meeting. 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 of Pediatrics 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 of Pediatrics, the College of Medicine, The Ohio State University, the community and the profession. If a professor has an administrative role, the impact of that role and other assignments will be considered in the annual review. The faculty member may provide written comments on the review.

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.

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

E. Annual Review Procedures: Research Faculty

The annual review process for research faculty who are probationary and non-probationary is identical to that for tenure track probationary and tenured faculty respectively. 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 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.

F. Annual Review Procedures: Associated Faculty

Compensated associated faculty members in their initial appointment must be reviewed before reappointment. The department chair or their designee prepares a written evaluation and meets with the faculty member to discuss their performance, plans, and goals, just as described for clinical and tenure track faculty. The department chair recommendation on renewal of the appointment is final. If the recommendation is to renew, the department chair may extend a multiple year appointment.

Compensated associated faculty members on a multiple year appointment or those hired annually for multiple years are reviewed annually as described for clinical and tenure track faculty. The department chair decides whether to reappoint and this decision is final.

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

G. Salary Recommendations

The department chair makes annual salary recommendations to the dean, who may modify them. The recommendations are based on the current annual performance and merit review as well as on the performance and merit reviews of the preceding 24 months. For clinicians, salary recommendations are under the auspices of the Department of Pediatrics practice plan.

It is the expectation of the college that merit salary increases and other rewards made by the Department will be consistent with the Appointments, Promotion and Tenure document and other relevant policies, procedures, practices, and standards established by the College of Medicine, Nationwide Children's Hospital, the Faculty Rules, the Office of Academic Affairs, and 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 assuring, to the extent possible given financial constraints, that salaries reflect the market and are internally equitable.

Meritorious performance in teaching, scholarship, and service are assessed in accordance with the same criteria that form the basis for promotion decisions. The time frame for assessing performance will be the past 24 months, with attention to patterns of increasing or declining productivity. Faculty with high-quality performance and a pattern of consistent professional growth will be viewed positively. Faculty members whose performance is unsatisfactory in one or more core areas are likely to receive minimal or no salary increases.

Faculty members who wish to discuss dissatisfaction with their salary increase with the TIU head should be prepared to explain how their salary (rather than the increase) is inappropriately low, since increases are solely a means to the end of an optimal distribution of salaries.

Faculty who fail to submit the required documentation 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.

VII. PROMOTION AND TENURE, AND PROMOTION REVIEWS

A. Criteria

Outlined below are the Department of Pediatrics formal criteria for academic advancement, including promotion in each faculty category and awarding of tenure, if applicable.

The College of Medicine expects when the Department of Pediatrics forwards the dossier of a candidate for review and has recommended promotion and/or granting of tenure, every diligent effort has been made to ensure the qualifications of the candidate meet or exceed applicable criteria.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised. As the College of Medicine diversifies and places new emphasis on interdisciplinary endeavors and program development, instances will arise in which the work of a faculty member may depart from traditional academic patterns. Thus, care must be exercised to apply criteria flexibly, but without compromise in requiring the essential qualifications for promotion. Insistence upon this high standard for faculty is necessary for the maintenance and enhancement of The Ohio State University as an institution dedicated to the discovery and transmission of knowledge.

Although institutional citizenship and collegiality are expected, they cannot be used as an independent criterion for promotion or tenure. It is recognized 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 The Ohio State University, College of Medicine and Department of Pediatrics initiatives. Examples include participation in faculty governance, outreach and service, advocacy, diversity, inclusion, equity and justice initiatives, ethical behavior, adherence to principles of responsible conduct of research, constructive conduct and behavior during the discharge of duties, responsibilities and authority, and the exercise of rights and privileges of a member of the faculty as reflected in the "[Statement on Professional Ethics](#)" of the American Association of University Professors.

Annually, the Office of Academic Affairs establishes specific guidelines, procedures, and schedules for the review of candidates for promotion and tenure. The College of Medicine communicates the latest date for the receipt of dossiers for annual consideration. Upon receipt of a candidate's dossier, the College of Medicine submits the dossier to the college's Promotion and Tenure Committee for formal review. The committee will review the dossier, consistent with responsibilities described in Section VII.B.5 of this document and convey to the dean in writing a recommended action to be taken. The dean will consider the recommendations of the committee and will convey, in writing, a recommended action to the Executive Vice President and Provost.

Faculty Rule [3335-6-02](#) provides the context for promotion and tenure and promotion reviews.

The purpose of a review by the College of Medicine includes determination of whether the Department of Pediatrics has conducted its review and reached a recommendation consistent with university, college, and departmental standards, criteria, policies, and rules. In addition, determination where the weight of the evidence lies in cases in which there is not a clear or consistent recommendation from the Department of Pediatrics is made. If the conclusion of the college-level review is that the recommendation of the unit is not consistent with university, college, and departmental standards, criteria, policies, and rules, the dean may make a

recommendation that is contrary to the recommendation of the Department of Pediatrics.

1. Promotion of Tenure Track Faculty

a. Associate Professor with Tenure

The awarding of tenure is an acknowledgment of excellence and future potential for preeminence. It requires evidence of consistent achievement throughout the professional life of the faculty member. Promotion to the rank of associate professor with tenure occurs when a faculty member exhibits convincing evidence of excellence in the discovery and dissemination of new knowledge, as demonstrated by a national level of 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. 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.

Scholarship: Demonstration of national recognition and impact for a thematic independent program of scholarship is an essential requirement for promotion to associate professor and the award of tenure. Independence must be reflected in the record of scholarship. Evidence of sustained or multiple external peer-reviewed grant support is another crucial indicator of expertise in the field.

Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others.

While individual circumstances may vary, both the quantity and quality of publications should be considered. Metrics that are useful in assessing a candidate's record of scholarship include but are not limited to the total number of publications since their appointment as an assistant professor, the number of citations of their publications, the trajectory of the publication and/or citation record, the relative proportion of first, middle and senior authorships. 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. Impact may be demonstrated through non-traditional metrics. This can include but is not limited to social media penetration, blog subscription, Altmetrics score, non-academic invited presentations, or collaborations that advance the mission of the university or the field, and interviews by reputable national media outlets on scholarly topics. These metrics do not in and of themselves demonstrate the impact of research. Momentum is also important -- there should exist a trajectory of increasing scholarly activity and outcomes over time.

A sustained record of scholarly productivity, reflected by both quality and quantity, as an assistant professor is required for promotion to the rank of associate professor. Candidates for promotion to associate professor should have between 15-25 peer-reviewed publications since

their appointment as an assistant professor. It is expected that the pattern of scholarship will include an increasing proportion of publications as first, senior, or corresponding author. There must be evidence of momentum in scholarly productivity as the faculty member approaches promotion.

Specific metrics in support of excellence may be adjusted within the range of 15-25 peer-reviewed manuscripts based on the overall pattern of the faculty member's responsibilities. For example, clinician investigators will have less time available for research than non-clinician investigators and appropriate adjustments of these criteria should be made. The range of publications may be adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical service.

Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding. Alternately, the individual input of the faculty member as a middle author is uniquely contributory, clear, and well documented in also valued. Team science may also be recognized by participation as co- principal investigator on nationally-funded projects, principal investigator of components of NIHU 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, more collaborative or middle author publications are required to achieve impact and a national reputation, compared with first and senior author publication.

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. Considered together, demonstration of impact and a national reputation of an independent program of research is a prerequisite for promotion to associate professor and awarding of tenure. In cases where a faculty member's collaborative scholarship results primarily in middle authorship, the recognition and impact of their scholarship will be reflected through other indicators such as, but not limited to, the indispensability of the candidate's role and contribution in generating the publication(s), invitations to serve on editorial boards, study sections, national invitations to speak, *et cetera*.

Candidates for promotion to associate professor with tenure who do not have significant clinical responsibilities must have obtained NIH (or comparable) funding as a principal investigator or multiple principal investigator (MPI) on a R01, P01, U54, or K award 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 Centers for Disease Control and Prevention. They should ideally have demonstrated sustainability of their research program by renewal of the award and/or by garnering a second distinct nationally competitive, peer- reviewed grant. The latter may include support from prominent national charitable foundations. Examples include but are not limited to the American Heart Association, the March of Dimes, the Robert Wood Johnson Foundation, the Thrasher Foundation, the Juvenile Diabetes Research Foundation, the American Cancer Society, the Lupus Foundation, a major industry grant, or other federal entities. In rare circumstances, a faculty member's expertise may not justify principal investigator level status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding. Candidates for promotion to associate professor with tenure who have significant clinical responsibilities are expected to obtain extramural NIH or comparable funding as defined in the previous paragraph. Competitive, peer-reviewed career development award funding, such as an NIH K-award or national foundation

career development award, is acceptable. Depending on the extent of clinical responsibilities, sustained and significant funding through pharmaceutical or other industry for investigator-initiated proposals is acceptable. Serving as the site-principal investigator for a multi-center trial does not satisfy the expectation for extramural funding on the tenure track. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding as discussed further below.

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 specified range does not preclude a positive promotion decision especially if reasonable extenuating circumstances exist. Scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or 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.

Entrepreneurship is a special form of scholarship valued by the Department of Pediatrics and the College of Medicine. Entrepreneurship includes patents and licenses of invention disclosures, software development, and materials technology commercialization, formation of startup companies and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the College of Medicine will analyze these flexibly. Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer-reviewed manuscript, licensing activities that generate revenue should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. These entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier.

Teaching and Mentoring: A strong and consistent record of effective teaching and mentoring is required for promotion and tenure. This may be demonstrated by positive evaluations by students, residents, fellows, local colleagues, and national peers. The dossier must clearly document the faculty member's contribution and the impact of these efforts. Teaching awards and other honors are also highly supportive of teaching excellence. Teaching effectiveness may also be reflected by documented impact on teaching and training programs, including curricular innovation, new teaching modalities such as web-based design, mobile application, virtual teaching, or methods of evaluating teaching, program or course development, publications on teaching, and societal leadership in education. Development of impactful, innovative programs that integrate teaching, research and patient care are valued.

Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued.

Service: Service includes administrative service to the Ohio State University or the Department of Pediatrics, excellent patient care, clinical program development, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the university. Evidence of service within the institution can include but is not limited to appointment or election to departmental, College of Medicine, hospital, and/or university committees or working groups, or leadership of programs. Evidence of service to the faculty member's discipline or public and private entities beyond the university might include, but is not limited to *ad hoc* journal reviews, editorial boards or editorships, service as a grant reviewer for national funding agencies, elected or appointed offices held and other service to local and national professional societies, service as an advocate for children's

health, community health, school health and funding at the level of local, state and federal agencies to the extent it serves the mission of the Department of Pediatrics and The Ohio State University, 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 or hospital, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender-based discrimination is service. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

b. Associate Professor in Advance of Tenure

Promotion to associate professor in advance of tenure is available to faculty members with significant clinical responsibilities who have 11-year probationary periods. The criteria for promotion will require a level and pattern of achievement that demonstrates that the candidate is making significant progress toward tenure but has not yet achieved all the requisite criteria for promotion with tenure. Specifically, the candidate should demonstrate evidence of an emerging national recognition.

The Department of Pediatrics may propose a faculty member for promotion consideration (without tenure) in cases where a faculty member is making progress but has not achieved the necessary requirements for tenure. In addition, the Department's Appointments, Promotion and Tenure Committee, the department chair or the 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 mandatory review year. If a clinician candidate is promoted in advance of tenure, the tenure review must occur within six years, and no later than the mandatory review year, whichever comes first.

Scholarship: Evidence of substantial progress toward the establishment of a thematic program of scholarship as reflected by a consistent and increasing number of peer-reviewed publications as first or senior author. Candidates for promotion to associate professor in advance of tenure should ideally have 10-15 peer-reviewed publications since their appointment as an assistant professor. Evidence for emerging national recognition may include, but is not limited to, invitations to serve as ad hoc journal reviewer and invited lectures outside of the university.

Criteria for a promising trajectory in extramural funding might be reflected by serving as a principal investigator on an R21, R03, K award or an equivalent grant, co-investigator status on a R01 NIH grant award, or as principal investigator on foundation or other extramural grants.

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 tenure decision.

Teaching and Mentoring: Indicators of teaching consistent with promotion in advance of tenure might include a record of teaching excellence involving a single group of trainees or a clear trend of improving teaching evaluations. Teaching excellence may also be demonstrated through evaluations for presentations at other academic institutions, scientific or professional societies, or other health care organization. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued.

Service: Indicators of service consistent with promotion in advance of tenure might include service primarily within the institution with the beginning of a record of service outside the

institution. This might also include activities as an *ad hoc* reviewer for journals, or service on the advisory board for local organizations. Similarly, innovative programs that advance the mission of the university or the hospital, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender-based discrimination in the within the department, college, university or beyond, can be considered service activities. Service as an advocate for children's health, community health, school health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Pediatrics and The Ohio State University.

c. Promotion to Professor

Awarding promotion to the rank of professor with tenure must be based upon convincing, unequivocal evidence that the candidate has a sustained eminence in their field with a record of achievement recognized by national leadership and, in most disciplines, international recognition and impact. Within the field of pediatrics, it is recognized some disciplines such as child abuse pediatrics and pediatric emergency medicine do not have a tradition of international conferences and interaction. In these instances, evidence of international impact may not be possible.

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. A record of excellence must be evident from activities undertaken and accomplishments achieved since being appointed or promoted to the rank of associate professor. It is expected that the faculty member will have a consistent record of high-quality publications with demonstrated impact well beyond that required for promotion to associate professor.

Scholarship: A continued record of external funding and an enhanced quality and quantity of scholarly productivity as an associate professor is required for promotion to professor. Candidates for promotion to professor should ideally have 25-35 peer-reviewed publications since their promotion to associate professor. It is expected that the pattern of scholarship will include a substantial proportion of publications as senior or corresponding author. Candidates for promotion will be expected to have developed and maintained nationally competitive and current peer-reviewed extramural funding to support their research program including sustained funding. Momentum is important -- there should exist a trajectory of increasing scholarly activity and outcomes over time.

At a minimum, candidates for promotion to professor who do not have clinical responsibilities must have been a principal investigator or a multiple principal investigator or an R01, P01, U54, or similar award, 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. There must be a history of at least one competitive renewal and another nationally competitive grant, (or simultaneous funding on two NIH R01-level awards) in the Principal Investigator role since promotion to Associated Professor. Other funding sources may include support from prominent national charitable foundations or other funding agencies. Examples include the American Heart Association, the March of Dimes, the Thrasher Foundation, the Juvenile Diabetes Research Foundation, the American Cancer Society, the Lupus Foundation, a major industry grant, or other federal entities. In some circumstances, a faculty member's expertise may not justify principal investigator-level status. In such cases, serving as a co- investigator on

multiple NIH grants will satisfy the requirement for extramural funding.

Candidates for promotion to professor who have significant clinical responsibilities are expected to obtain extramural NIH or comparable funding as defined above as a principal investigator or multiple principal investigator to support their research program. Depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or other industries for investigator- initiated proposals is acceptable. Serving as the site-principal investigator for a multi-center trial does not satisfy the expectation for extramural funding on the tenure track. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding. In some circumstances, a faculty member's expertise 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.

Examples of evidence of national leadership or an international reputation includes but is not limited to election or appointment to a leadership position in a national or international societies, service as a national committee or task force chair, chair of an NIH or other federal review panel, regular membership on an NIH study section, peer recognition or awards for research, editorial boards or editorships of scientific journals, and invited lectures at hospitals or universities outside the country or at meetings of international societies.

Teaching and Mentoring: A continued strong and consistent record of effective teaching and mentoring is required for promotion. Evidence may include, but is not limited to outstanding student, resident, fellow, local colleagues, and national peer evaluations, course or workshop leadership and design, a training program directorship, teaching awards, and organization of national course and curricula and participation in specialty boards or Residency Review Committees of the Accreditation Council for Graduate Medical Education. Active participation as a mentor in training grants such as NIH T32 or K- awards is highly valued as a teaching and mentoring activity. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued. Candidates with clinical duties should demonstrate consistent and effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs.

Mentorship of junior faculty is expected. It is presumed that this will take the form of a primary mentoring relationship, and not just *ad hoc* career coaching. Candidates should provide evidence of the impact of their mentorship.

Service: Promotion to the rank of professor requires service to the department, the college, the university, and national and international professional societies. Service can include but is not limited to leadership roles on university committees, in professional organizations and journal editorships. Evidence of the provision of professional expertise might include roles as a board examiner, membership on a subspecialty board, service on panels and commissions, program development, and professional consultation to industry, government, and education. Similarly, 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, or design and implementation of a novel program to reduce race or gender based discrimination in the within the department, college, university or beyond, can be considered service activities. Service as an advocate for children's health, community health, school health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Pediatrics and The Ohio State University.

2. Promotion of 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 on the clinical track than the tenure track. Clinical track faculty members are not eligible for tenure.

Clinical faculty may serve the Department of Pediatrics, 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 Pediatrics, 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 track is comprised of three pathways. These are the Clinician Scholar Pathway, the Clinician Educator 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. Associate Professor, Clinician Educator Pathway

The Clinician Educator Pathway is appropriate for faculty members whose clinical responsibility is 70-80% of their overall professional effort. Faculty members on this pathway are significantly involved in education of medical students, graduate students, residents, fellows, and other medical professionals. Evidence of national recognition and impact is required for promotion. A national reputation will typically occur in the areas of teaching, mentoring and education, but can also be related to clinical, research, or professional service.

Faculty members on this pathway may be involved in the scholarship of integration, application, and teaching. Scholarship of integration involves interpreting published research, integrating new clinical knowledge with previous concepts, and selecting outmoded clinical concepts for discard. Scholarship of application tests new knowledge in clinical practice. Settings for education include the classroom, ambulatory clinics, and offices, continuing medical education programs, various national venues, diagnostic suites, operating rooms, and at the hospital bedside.

Clinician educators must be involved in the discovery, organization, interpretation, and transmission of new knowledge related to patient care, health care delivery, health care economics, professional ethics, medical legal issues, or new educational methodology. They must publish but may or may not regularly publish as first or senior author. Their publications should influence the practice of clinical medicine at the regional and/or national levels. Acquisition of external grant funding is strong evidence of scholarship but is not required for clinician educators. Faculty members on this track are encouraged to be principal investigators on research grants from national funding sources with roles such as co- investigator, mentors, or a principal investigator.

The awarding of promotion to the rank of associate professor on the clinical faculty – Clinician Educator Pathway must be based upon clear and convincing evidence that the candidate has developed a national level of impact and recognition as a clinician educator since being appointed to the rank of assistant professor.

Teaching and Mentoring. A well-documented, longitudinal record of teaching and mentoring excellence is required for promotion. Potential venues for teaching excellence are protean,

ranging from traditional lecture formats to bedside instruction to digital materials. Positive evaluations by students, residents, fellows, and local colleagues through formal peer-review, national peers and others are evidence of teaching excellence. Peer evaluation is required on a recurring basis for all faculty members, as described later in this document. Teaching and/or mentoring awards are strong evidence of excellence. Faculty members should demonstrate favorable impact on teaching and training programs, including 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. The clinician educator must sufficiently contribute to scholarship, academics, and research to develop a national reputation and impact germane to their area of expertise. Examples of scholarship are authorship of 10-15 peer-reviewed journal publications and other scholarly works. Other scholarly works include development of web-based or video-teaching modules, peer-reviewed or collaborative curricula that reach a national audience, and other digital media. These are considered equivalent to published works. Importantly, 10 or more scholarly works must have been accomplished since appointment as an assistant professor at The Ohio State University. Rarely, fewer than 10 publications may result in a positive promotion review, while more than 15 may not. These considerations are shaped by authorship position, journal impact factors, thematic nature of the scholarly achievements, and relevance to the field of pediatrics and child health and originality. Publications may focus on pedagogic theory, innovative teaching techniques, development of web-based or video-teaching modules, and podcasts for example. They also may focus on the broad spectrum of original scholarship and research, including clinical science, basic science, health services research, outcomes research, quality improvement science, unique clinical observations and case-series, meta- analyses, and guidelines, et cetera. Momentum is important -- there should exist a trajectory of increasing scholarly activity and outcomes over time.

Service. Service includes administrative work on behalf of the department, the university, the College of Medicine, the hospital, and one's profession on a national level. Specific examples are exemplary patient care, innovative program development relating to clinical, administrative, education, leadership, and related activities. Service may also include committee work in support of one's profession on a local or national level, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the university. Service includes development of initiatives that promote diversity, justice, equity and inclusion in health care, improved health care of under- privileged and under-resourced communities, training related to racism in medicine, and racism and bias in individual and public health, and implicit bias. Service also includes advocacy for children's health, community health, school health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Pediatrics and The Ohio State University.

b. Professor, Clinician Educator Pathway

Promotion to the rank of professor on the Clinician Educator Pathway must be based upon convincing evidence that that the candidate has developed a national level of leadership and/or international recognition as a teacher and scholar since appointment to the rank of associate professor. The impact of one's teaching, mentoring and scholarship must be clear and sustained.

Teaching and Mentoring. A distinctive record of superlative teaching and mentoring excellence is required for promotion. Excellence means a consistent record of positive evaluations by students, residents, fellows, local colleagues, and national peers. Multiple teaching awards and other honors indicate teaching excellence. Candidates must demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or

methods of evaluating teaching, and program or course development. Development of multiple impactful, innovative programs that integrate teaching, research and patient care are valued. Teaching excellence may also be demonstrated through participation in education and training-related specialty committees, specialty societies and specialty boards. Examples are Resident Review Committees, specialty boards such as the American Board of Pediatrics, the Association of Pediatric Program Directors, and the Accreditation Council for Graduate Medical Education committees. Mentorship of junior faculty also demonstrates teaching excellence. This should take the form of a primary mentoring relationship, not ad hoc career coaching. Candidates should provide evidence of mentoring relationships by providing evaluations by mentees.

Scholarship: Eligibility for promotion to the rank of professor on the Clinician Educator Pathway requires contribution to academics, scholarship, and/or education of sufficient magnitude that the candidate has attained a well-developed national reputation and international influence as a leader in their field. Examples of scholarship are authorship of approximately 25 to 30 peer-reviewed journal publications and other scholarly works. Other scholarly works include development of web-based or video-teaching modules, peer-reviewed or collaborative curricula that reach a national audience, and other digital media are considered equivalent to published works. Importantly, 15 or more must have been published since appointment as an associate professor at The Ohio State University. Fewer than 25 total publications and other scholarly works may on occasion result in a positive promotion review, while more than 30 may not. These considerations are shaped by authorship position, journal impact factors, thematic nature of the scholarly achievements, and relevance to the field of pediatrics and child health and originality. Publications may focus on pedagogic theory, innovative teaching techniques, development of web-based or video-teaching modules, and podcasts for example. They also may focus on the broad spectrum of original scholarship and research, including clinical science, basic science, informatics, health services research, outcomes research, quality improvement science, unique clinical observations and case-series, meta-analyses, and guidelines, et cetera. Momentum is important -- there should exist a trajectory of increasing scholarly activity and outcomes over time.

Service: Local, national and in some instances international service to the profession or the mission of the Department, the College of Medicine, the hospital, and The Ohio State University is expected to continue as an associated professor. This may take many forms, including exemplary patient care, program development relating to clinical, administrative, educational, 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. Service as a leader, such as committee chair, editorial board, elected position, advisory board et cetera, in the national clinical, education, research, regulatory and federal community is also required. The awarding of promotion to the rank of professor on the clinical faculty – Clinician Educator Pathway must be based upon convincing evidence that that the candidate has developed a national level of leadership or international recognition since appointment or promotion to the rank of associate professor. Evidence of international recognition or national leadership may be related to education, but can also be related to clinical, scholarship activities, or professional service. Service includes development of initiatives that promote diversity, justice, equity and inclusion in health care, improved health care of under-privileged and under-resourced communities, training related to racism in medicine, and racism and bias in individual and public health, and implicit bias. Service also includes advocacy for children's health, community health, school health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the

Department of Pediatrics and The Ohio State University.

c. Associate Professor, Clinician Scholar Pathway

The awarding of promotion to the rank of associate professor on the Clinician Scholar Pathway must be based upon clear and convincing evidence 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 in most cases will occur in scholarship, but can also be related to clinical, educational, or professional service. National distinction is not required in all these domains.

Teaching and Mentoring. A well-documented record of teaching and/or mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues, or national peers. Teaching awards and other honors are highly supportive of teaching excellence. Teaching excellence must be demonstrated through evaluations and peer feedback based on presentations and learner interactions locally but may also be based on presentations at other academic institutions, or presentations, panels, or tutorials at scientific conferences. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity. Peer evaluation is required on a recurring basis for all faculty members.

Scholarship. The candidate for promotion must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports. The successful candidate will have participated in basic, translational, clinical, informatics, education, or health services research projects or in clinical trials. For promotion, approximately 15-20 peer-reviewed publications since appointment as an assistant professor in journals with a typical impact factor for the field of pediatrics and child health will typically satisfy this threshold. Evaluation of the strength of a candidate's publication record is shaped by authorship position, journal impact factors, thematic nature of the work, relevance to the field of pediatrics and child health, impact, and originality. If these factors are all favorable, the number of publications necessary for favorable consideration might be 15. If these factors are less compelling, more might be needed. The impact of publication and its acceptance by the national and international scientific community can be judged by calculation and presentation in the dossier of the H-index (or a similar metric).

Participation in collaborative, multidisciplinary research and team science is highly valued even though it may result in "middle" authorship, if the faculty member's unique contribution can be discerned. Momentum is an important consideration. There should exist a trajectory of increasing scholarly activity and outcomes over time.

Faculty on this track must have acquired competitive external funding in support of their research program. Sources of funding include foundation, industry, or federal agencies. The Department especially values funding as principal investigator from the National Institutes of Health. Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VII [criteria for promotion to associate professor with tenure] above.

Service. Service is required for promotion. Local service is broadly defined to include administrative service to the Department of Pediatrics, Nationwide Children's Hospital, the College of Medicine and The Ohio State University. Examples include exemplary patient care, program development relating to clinical, research, administrative, leadership, and related activities. Professional service to the faculty member's discipline on a national level, and the provision of professional expertise to public and private entities beyond the department, hospital

or university is expected on the Clinician Scholar Pathway. Service includes development of initiatives that promote diversity, justice, equity and inclusion in health care, improved health care of under-privileged and under-resourced communities, training related to racism in medicine, and racism and bias in individual and public health, and implicit bias. Service also includes advocacy for children's health, community health, school health and funding at the level of local, state and federal agencies to the extent it serves the mission of the Department of Pediatrics and The Ohio State University.

d. Professor, Clinician Scholar Pathway

The awarding of promotion to the rank of professor on the Clinician Scholar Pathway must be based upon clear and convincing evidence the candidate has developed national leadership and, in most instances, international recognition as a clinician scholar since being appointed to the rank of associate professor. In most cases, evidence of national leadership or international recognition and impact should be related to scholarship, but can also be related to clinical, educational, or professional service. Distinction is not required in all these domains.

Teaching and Mentoring. A record of continuing teaching excellence as an associate professor justify promotion to the rank of professor. Effective mentoring of colleagues at all levels becomes an additional criterion for promotion for associate professors. The faculty member should have documented unique and impactful contributions to the teaching mission as an associate professor, using metrics similar for promotion to that rank. In addition to trainees, effective mentorship of junior faculty members with tangible evidence of impact on their career is also evidence of teaching excellence. This must take the form of a primary mentoring relationship, and not just *ad hoc* career coaching. Evaluations, testimonials and/or awards related to productive mentoring relationships is required to invoke one's effectiveness as an accomplished mentor. Peer evaluation is required on a recurring basis for all faculty members.

Scholarship. The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports. Participation in basic, translational, informatics, education, clinical and health services research projects or in clinical trials is required. Approximately 20-30 peer-reviewed publications since appointment, as an associate professor will typically satisfy this threshold. Evaluation of the strength of a candidate's publication record is shaped by authorship position, journal impact factors, thematic nature of the work, relevance to the field of pediatrics and child health, impact, and originality. If these factors are all favorable, the number of publications necessary for favorable consideration might be 20. If these factors are less compelling, more might be needed. Faculty are encouraged to avoid an excessively literal interpretation of the number of peer-reviewed publications needed for promotion. The impact of publications and their acceptance by the national and international scientific community can be judged by calculation and presentation in the dossier of the H-index (or a similar metric). Faculty members on this track should ideally have been co-investigators on extramural grants from multiple National Institutes of Health, other federal, pharmaceutical, other industry sources, and/or major national clinical trials. Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VI.A. Momentum is an important consideration. There should exist a trajectory of increasing scholarly activity and outcomes over time.

Service. The faculty member should have made new and impactful service contributions as an associate professor, often as a leadership level such as committee chair or an elected position. Promotion to the rank of Professor requires service with distinction to the Department of Pediatrics, the College of Medicine, and/or The Ohio State University. Service at a leadership level to the national clinical, research, regulatory and federal community is also required. Service includes development of initiatives that promote

diversity, justice, equity and inclusion in health care, improved health care of under-privileged and under-resourced communities, training related to racism in medicine, and racism and bias in individual and public health, and implicit bias. Service also includes advocacy for children's health, community health, school health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Pediatrics and The Ohio State University.

e. Associate Professor, Clinical Excellence Pathway

The Clinical Excellence Pathway is appropriate for faculty members whose direct patient care responsibilities or patient care administration are 90% or more of their total professional effort. Teaching and scholarship is not required, as the heavy clinical time commitment 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 Pediatrics, but the focus of the promotion review is on demonstration of clinical excellence. Participation in quality improvement activities and clinical program building initiatives are meritorious endeavors on this pathway to the extent they are documented and substantive. In sum, excellence in clinical practice must have potential to enhance the overall reputation of the Department of Pediatrics, 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 careers.

Examples of clinical excellence are listed below. Contributions in all areas are not required, but impact should occur in multiple areas to merit promotion.

- multiple objective measures supporting excellence in clinical performance, such as quantitative quality indicators, formal morbidity/mortality metrics, documented low complication rates, vaccination rates, utilization management measures, and a record of outstanding patient satisfaction scores
- multiple subjective measures supporting excellence in clinical care, such as written testimonial recognition of excellence from patients or families, colleagues, residents, students, or other team members
- participation in 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
- a track record of exemplary clinical leadership and unique clinical program development at Nationwide Children's Hospital and/or The Ohio State University Wexner Medical Center; this track record may include both clinical and administrative work and must be supported by written documentation such as internal letters of support from departmental or hospital leadership and external letters of support from referring physicians or peers in the candidate's field
- 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 practice
- demonstration of collaboration with researchers as a skilled phenotyper or a clinical trial collaborator
- development of initiatives that promote diversity, justice, equity and inclusion in health care, improved health care of under-privileged and under-resourced communities, training related to racism in medicine, and racism and bias in individual and public health, and implicit bias
- interaction with educators in the Department of Pediatrics, other entities at Nationwide Children's Hospital, in the College of Medicine or beyond that directly or indirectly results in improved clinical care in a measurable manner
- 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
- 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, and related kinds of recognitions
- documented and effective advocacy for children's health, community health, school health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Pediatrics and The Ohio State University
- receipt of awards from local, state, or national organizations for clinical excellence
- sustained and meaningful participation and/or leadership in the Department of Pediatrics, Nationwide Children's Hospital, the College of Medicine, The Ohio State University Wexner Medical Center, and local or regional, and national committees related to clinical care

f. Professor, Clinical Excellence Pathway

Faculty members with 90% or greater patient care and clinical administrative responsibilities are eligible for promotion to professor, utilizing the general principles outlined previously in the section on promotion to the rank of associate professor on this pathway. Importantly, to justify promotion to the rank of professor on the Clinical Excellence Pathway, the faculty member must demonstrate evidence of individual national-level reputation or impact. An example is service on and contribution to a national committee, for example an American Academic of Pediatrics committee related to patient care.

Promotion to the rank of Professor on the Clinical Excellence Pathway must be based on clear and convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual clinician's scope or sphere of influence since being promoted to the rank of associate professor. This impact is evidenced by the overall volume and reach of candidate's body of clinical and clinical administrative work. 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.

Promotion is not granted purely based on length of service to the institution, satisfactory job performance, or continuation of projects which supported the candidate's promotion to associate professor. Singular achievements are not sufficient, there must be a body of work accomplished during the interval as associate professor that supports promotion. Metrics such as national awards for clinical excellence and innovation are clear indicators of individual achievement. Development, facilitation, or oversight of policies, advocacy initiatives, diversity programs, anti-racism initiatives, programs, or procedures – as a leader -- that result in improvements in patient outcomes, health equity, more efficient or value-based care, or more effective means of delivering care may support promotion on this pathway. Leadership of a program that results in a positive national citation of the Department of Pediatrics, Nationwide Children's Hospital, the College of Medicine or The Ohio State University Wexner Medical Center as developing best practices or methods, setting standards for guidelines or processes, attracting inquiries and site visits from other health centers, and contributing to an increase in national rankings is supportive of promotion. Documented, successfully advocacy for children's health, community health, school health and funding at the level of local, state, and federal agencies to the extent it serves the mission of the Department of Pediatrics and The Ohio State University is also evidence of accomplishment. Continued recognition of clinical excellence by patients, colleagues, members, and others is an expectation. Development of initiatives that promote diversity, justice, equity and inclusion in health care, improved health care of under-privileged and under-resourced communities, training related to racism in medicine, and racism and bias in individual and public health, and implicit bias and also highly valued.

3. Promotion of Research Faculty

The criteria for promotion focus entirely 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. Research Associate Professor

Candidates for promotion to research associate professor are expected to demonstrate the beginnings of a national recognition of their expertise. This may be reflected by, but is not limited to, 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, for example.

Research faculty are not expected to establish an independent program of research, but rather support of the investigative work of others. Promotion to associate professor requires documentation of a sustained and substantial record of scholarship based upon their expertise. The successful candidate will have in the range of 20-25 peer-reviewed journal publications since their appointment as a research assistant professor. First, senior, or corresponding authorships are not necessarily expected. 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.

It is expected that the successful candidate will have a sustained record of 100% 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.

b. 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. This may be reflected by, but is not limited to, 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, *et cetera*.

Research faculty typically are not expected to establish an independent program of research. Promotion to professor requires documentation evidence of a sustained and substantial record of scholarship. Candidates should have 25-35 peer-reviewed journal publications since their appointment as research associate professor. Some first, senior, or corresponding authorships are expected. 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.

It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources. Research faculty typically serve as co-investigators, and independent extramural funding as principal investigator or a multiple principal investigator) is not required.

4. Promotion of Associated Faculty

Associated faculty for whom promotion is a possibility follow the promotion guidelines and procedures for tenure-track and clinical faculty (see Promotion and Tenure and Promotion Reviews: Procedures below), with the exception that the review does not proceed to the college level if the Department of Pediatrics chair's recommendation is negative, and does not proceed to the university level if the dean's recommendation is negative.

a. Compensated Associated Faculty

For associated faculty members paid through The Ohio State University and/or the Pediatric Academic Association who are principally focused on patient care, the promotion criteria and procedures will be identical to those for the Clinical Excellence Pathway, except that the decision of the dean is final. For compensated associated faculty who contribute principally through educational activities, the promotion criteria and procedures will be identical to those for the Clinician Educator Pathway, except that the decision of the dean is final.

b. Uncompensated Associated Faculty

For uncompensated associated faculty members (adjunct faculty), promotion should reflect contributions to the Department of Pediatrics or college that exceed the activities that represent the basis for their faculty appointment, in most cases related to the educational

mission. At the associate professor level this could include service on Department of Pediatrics and or college committees, contributions to medical student curriculum development or other evidence of contributions to the educational or scholarly mission of the Department of Pediatrics or college. For promotion to professor, the level of contribution must demonstrate sustained and enhanced engagement or leadership.

Requirements for promotion of uncompensated associated faculty are outlined below.

- submission of an updated curriculum vitae
- letters from two people, including the faculty member's immediate supervisor who can attest to the associated faculty member's contributions to the mission of the Department of Pediatrics
- 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's Office of Academic Affairs.

B. Promotion and Tenure, and Promotion Review: Procedures

The Department's procedures are fully consistent with those set forth in University Rule [3335-6-04](#) and with the University's Office of Academic Affairs' annually updated procedural guidelines for promotion and tenure reviews found in [Volume 3](#) of the Policies and Procedures Handbook. The basic requirements for promotion and tenure reviews are outlined in the following paragraphs.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised, balancing heavy commitments and responsibilities in one area of performance against lighter commitments and responsibilities in another. As the college and department enter new fields of endeavor, including interdisciplinary work, and place new emphases on its continuing activities, instances will arise in which the proper work of a faculty member may depart from established academic patterns. Generally, distinguished achievement in scholarship must include evidence of creative expression and innovation in the candidate's discipline.

The College of Medicine is comprised of a wide array of professional disciplines. Care must be taken to apply the criteria for appointment and promotion with sufficient flexibility. In all instances, outstanding accomplishment in accordance with the criteria set forth, is an essential qualification for appointment and promotion to all faculty positions. Insistence upon this standard for continuing members of the faculty is necessary for the maintenance and enhancement of The Ohio State University as an institution dedicated to the discovery and transmission of knowledge.

1. Candidate Responsibilities

Candidates are responsible for submitting a complete, accurate dossier and providing a copy of the APT under which they wish to be reviewed. Candidates are also responsible for reviewing the list of potential external evaluators compiled for their case according to departmental guidelines.

a) Dossier

Every candidate must submit a complete and accurate dossier that follows the Office of Academic Affairs dossier outline. Candidates should not sign the Office of Academic Affairs Candidate Checklist without ascertaining that they have fully met the requirements set forth in the 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. It is the responsibility of the Department of Pediatrics to evaluate and verify this documentation.

The time period for teaching documentation to be included in the dossier for probationary faculty is the start date of the faculty at The Ohio State University to present. For tenured or non-probationary faculty it is the date of last promotion or the last five years, whichever is less. Information included in a previous promotion is not included.

Scholarship documentation in the dossier must cover the duration of the faculty's academic career, including residency, 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 current time. 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. All scholarship outcomes will be reviewed for increasing independence over time. Importantly, there should exist a trajectory of increasing scholarly activity and outcomes over time.

The period for service documentation for probationary faculty is the start date to present. For tenured or non-probationary faculty, it is the date of last promotion to present.

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

b) Documentation

Faculty members preparing their dossiers for promotion and/or tenure review should consult [Volume 3](#) of OAA's policies and procedures handbook to ensure that all required documentation is included. The following paragraphs provide suggested standards for documenting excellence in teaching, research and scholarship, and service.

i. Teaching

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

All tenure track and clinical faculty members (except for faculty on the Clinical Excellence Pathway) in the College of Medicine must be engaged in teaching, development of the Department of Pediatrics and College's academic programs, and mentoring of students, residents, and fellows. Evidence of effective teaching must be demonstrated by documentation of teaching activities over a sustained period. Evidence for effective teaching may be collected from multiple different sources including students, residents, peers, self-evaluation, and administrators.

Yearly, student evaluations, resident & fellow evaluations, if applicable, and peer evaluations, at a minimum, are required. Effectiveness in teaching is demonstrated by positive evaluations from students, residents, fellows, local colleagues, and national peers. The department has in place a consistent methodology and assessment tool for teacher

evaluation by students, residents & fellows in specific types of instructional settings. Administration of an assessment tool cannot be under the control of the faculty member being evaluated. Faculty members may supplement the required assessment tool with others if they wish. Students, residents & fellows must be provided an opportunity to assess the instructor and course using the required assessment tool in every regular classroom course. Guidelines exist for the frequency with which required assessment tools should be administered in other types of instructional settings such as outpatient clinics, inpatient services, and the operating room. Regardless of the instructional setting, effort should be made to obtain evaluations from the largest number of students, residents, and fellows possible. When there is a significant discrepancy between the number of students, residents & fellows enrolled and the number providing evaluations, the evaluations cannot be assumed to represent a consensus of student opinion. The Department of Pediatrics is aware of the challenge of obtaining learner evaluations when confidentiality of the evaluation is at risk.

Typically, documentation of teaching for the promotion dossier will include as many of the following as possible.

- cumulative SEI reports (Student Evaluation of Instruction computer-generated summaries prepared by the Office of the University Registrar) for every formal class
- medical student evaluations, for example using Vitals
- resident and fellow evaluations, for example using MedHub
- formal peer evaluation of teaching reports as required by the Department of Pediatrics' (details provided in the Appendix to this document)
- teaching activities as listed in the core dossier including, involvement in graduate/professional exams, theses, and dissertations, and undergraduate research, mentoring postdoctoral scholars and researchers, extension and continuing education instruction, involvement in curriculum development, awards and formal recognition of teaching, presentations on pedagogy and teaching at national and international conferences, adoption of teaching materials at other colleges or universities, and other relevant documentation of teaching, as appropriate.

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

The Department of Pediatrics has a well-delineated mechanism for peer evaluation of instruction that appropriately complements information received from students, residents & fellows. Responsibility for arranging for and carrying out peer-review activities must rest with someone other than the faculty member whose teaching or teaching materials are to be reviewed.

Other documentation of teaching may include an administrator's assessment of the candidate's teaching load, contribution to the teaching mission of the Department of Pediatrics, and contributions to curriculum development, including web-based materials. Evidence of the success of the candidate's former students including professional and

graduate students and post-doctoral trainees should be documented.
Peer evaluation resources can be found [here](#) and [here](#) (requires log-in).

ii. Scholarship

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

All tenure track, clinical, and research faculty members (except for 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. The evidence for scholarship must refer to original, substantive works that are documented achievements. Recognition of the scholarly work must also be external to the university, residing in the scientific communities relevant to the faculty member's field of scholarship.

Scholarship is broadly defined, including all aspects of basic science, clinical research including clinical trials and research based on cases or case series, educational outcomes research, epidemiological research, informatics research, development of academic modules, peer-reviewed web based materials, entrepreneurship, *et cetera*. The nature of scholarship should be pertinent to the faculty member's track and pattern of responsibilities. In addition, the Department of Pediatrics recognizes websites, social media, and other materials as potential evidence for scholarship.

Evidence of scholarship includes 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 externals or academic health centers, and so forth.

iii. Service

Service is broadly defined as administrative service to the university, the college, or the hospital. 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 is also service. A candidate's service contributions must be high quality and effective. All tenure track and clinical faculty members must contribute to service as evidenced by documentation of contributions over a sustained period of time. This document specifically establishes how the evidence of a candidate's service will be documented and assessed in terms of quality and effectiveness. Evidence of

administrative service to the university may include appointment or election to Department of Pediatrics, college, hospital, and/or university committees, holding administrative positions, development of innovative programs, and participating in mentoring activities. Program development, reflecting the integration of teaching, service, and research in a specific content area, may be given special recognition and significance. Evidence of professional service to the faculty member's discipline can include editorships of, or service as, a reviewer for journals or other learned publications, offices held and other service to professional societies. Evidence of the provision of professional expertise to public and private entities beyond the university includes service as a reviewer of grants or other scholarly proposals, external examiner or advisor, a panel and commission participant, and as professional consultant to industry, government, and education. While provision of high-quality patient care is expected of all faculty members with clinical responsibilities, in and of itself it is insufficient for meeting the service requirement for tenure track and clinical faculty.

c) Appointments, Promotion, and Tenure (APT) Document

Candidates must also submit a copy of the Appointments, Promotion and Tenure document under which they wish to be reviewed. Candidates may submit the Department of Pediatrics' current Appointments, Promotion and Tenure document; or, alternatively, they may elect to be reviewed under either (a) the Appointments, Promotion and Tenure document that was in effect on their start date, or (b) the Appointments, Promotion and Tenure document that was in effect on the date of their last promotion, whichever of these two latter documents is the more recent. If it has been more than 10 years before April 1st of the review year, the current Appointments, Promotion and Tenure document must be used.

d) External Evaluations

Candidates are responsible for reviewing the list of potential external evaluators developed by the Department of Pediatrics chair and the Appointments, Promotion and Tenure Committee. The candidate may add no more than three additional names but is not required to do so. The candidate may request the removal of no more than two names, providing the reasons for the request. The Department of Pediatrics chair decides whether removal is justified. More information is found under External Evaluations below.

2) Department of Pediatrics Appointments, Promotion and Tenure Committee Responsibilities

The responsibilities of the Appointments, Promotion and Tenure Committee in Department of Pediatrics of the College of Medicine are as follows.

- a) The committee reviews the Department of Pediatrics' Appointments, Promotion, & Tenure document annually and recommends proposed revisions to the faculty.
- b) The committee considers 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. A simple majority of those eligible to vote on a request must vote affirmatively for the review to proceed.
 - i. The committee bases its decision on assessment of the record as presented in the faculty member's dossier and a careful determination of the availability of all required documentation for a full review, including student and peer evaluations of teaching. Lack of the required documentation will result in denial a non-mandatory review.
 - ii. A tenured or non-probationary faculty member may only be denied a formal

promotion review under Faculty Rule [3335-6-04](#) for one year. If the denial is based on lack of required documentation and the faculty member insists that the review go forward in the following year despite incomplete documentation, the individual should be advised that such a review is unlikely to be successful.

- c) Faculty members who are not 1) U.S. citizens or nationals; (2) permanent residents (“green card” holders); (3) asylees or refugees; or (4) individuals otherwise described as “protected individuals” pursuant to Title 8 U.S. Code Section 1324b(a)(3)(b) may not undergo a non-mandatory review for tenure, and tenure will not be awarded as the result of a mandatory review until the status is established. Faculty members not eligible for tenure due to lack of status as a “protected individual” under the immigration laws are moreover not considered for promotion by this department. The committee will confirm the status of an untenured faculty member seeking non-mandatory tenure review with the department chair.
- d) A decision by the committee to permit a review to take place in no way commits the eligible faculty, the chair, or any other party to the review to making a positive recommendation during the review itself.
- e) Only the faculty member under consideration may stop the review process.
- f) Annually, in late spring through early autumn semester, the committee provides administrative support for the promotion and tenure review process as described below.
 - i. A Procedures Oversight Designee who will serve in this role for the following year is appointed by the Department chair to assure reviews are procedurally correct, fair, and free of bias for all faculty members. The Procedures Oversight Designee cannot be the same individual who chairs the committee. The Procedures Oversight Designee's responsibilities are described in the Office of Academic Affairs annual procedural guidelines.
 - ii. Names of external evaluators are suggested. The candidate should be shown the list of potential evaluators by the Appointments, Promotion and 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.
 - iii. Internal evidence of the quality of the candidate’s teaching, scholarship, and service from students and peers is collected.
 - iv. By early fall, the Appointments, Promotion and Tenure committee meets to evaluate candidates’ completed dossiers and to ensure accomplishments are clearly characterized and documented. The dossiers are reviewed for completeness, accuracy of information, including citations, and consistency with Office of Academic Affairs requirements; and the committee works with candidates to assure that needed revisions are made in their dossier before the formal review process begins.
 - v. The Committee or its designees will meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on their dossier. This meeting is not an occasion to debate the candidate's record.
 - vi. Upon request, tenure-track faculty in the Department at or above the rank of a tenure-track candidate for promotion and/or tenure will be provided access to the candidate’s dossier and will have the ability to forward comments to the Appointments, Promotion and Tenure Committee chair for consideration.
 - vii. Upon request, clinical faculty in the Department at or above the rank of a clinical faculty candidate for promotion will be provided access to the candidate’s dossier and will have the ability to forward comments to the Appointments, Promotion

and Tenure Committee chair for consideration.

- viii. Upon request, research faculty in the Department at or above the rank of a research faculty candidate for promotion will be provided access to the candidate's dossier and will have the ability to forward comments to the Appointments, Promotion and Tenure Committee chair for consideration.
- ix. Upon request, associated faculty in the Department at or above the rank of a clinical faculty candidate for promotion will be provided access to the candidate's dossier and will have the ability to forward comments to the Appointments, Promotion and Tenure Committee chair for consideration.
- x. A mechanism will exist to permit each candidate's dossier to be accessible for review by the Appointments, Promotion and Tenure Committee at least two weeks before the meeting at which specific cases are to be discussed and voted. Members are expected to review thoroughly and objectively every candidate's dossier in advance of the meeting at which the candidate's case will be discussed. Members are also expected to attend all committee meetings except when circumstances beyond their control prevent attendance, to participate in discussion of every case, and to vote.
- xi. At the meeting for discussion of specific cases, following presentation and formal discussion of each candidate, the Appointments, Promotion and Tenure chair (or co-chairs) conduct a vote. Only tenured professors participate in assessment of eligibility for award of tenure and promotion on the tenure track. A positive recommendation is secured when a simple majority (greater than 50%) of the votes cast are positive.
- xii. The chair of the Appointment's Promotion and Tenure committee will draft a summary of the deliberations of each candidate following the faculty meeting. This letter will include the committee vote and a summary of the perspectives expressed during the meeting. The 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 professor. The letter is forwarded along with the Committee's final recommendation to the Department of Pediatrics chair. It is included in the candidate's dossier.
- xiii. The Committee will provide a written response, on behalf of the eligible faculty, to any candidate whose comments warrant a response, for inclusion in the dossier.

3) Department Chair Responsibilities

In the event that the Department of Pediatrics 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 of Pediatrics chair or designee are as follows.

- a) Where relevant, the chair determines 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.) Faculty members who are not 1) U.S. citizens or nationals; (2) permanent residents ("green card" holders); (3) asylees or refugees; or (4) individuals otherwise described as "protected individuals" pursuant to Title 8 U.S. Code Section 1324b(a)(3)(b) may not undergo a non-mandatory review for tenure, and tenure will not be awarded as the result of a mandatory review until the status is

established. Faculty members not eligible for tenure due to lack of status as a “protected individual” under the immigration laws are moreover not considered for promotion by this TIU

- b) The chair will solicit external evaluations from a list including names suggested by the Appointments, Promotion and Tenure Committee, the chair, and the candidate. More information in external evaluations is provided further on in this document.
- c) The chair will solicit an evaluation from a chair of any department in which the candidate has a joint appointment.
- d) The chair will remove any member of the Appointments, Promotion and Tenure Committee from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.
- e) Following receipt of the letter of the Appointments, Promotion and Tenure Committee’s completed evaluation and vote, the chair must provide an independent written evaluation and conclusion of the candidate’s suitability for promotion and/or tenure. The chair’s written assessment and recommendation for the dean is included in the dossier.
- f) In the interest of obtaining a fully independent evaluation, the College of Medicine discourages the chair from attending the Appointments, Promotion and Tenure Committee deliberations.
- g) The chair will meet with the committee to explain recommendations contrary to the recommendation of the committee.
- h) The chair will inform each candidate in writing after completion of the Department of Pediatrics review process of the recommendations by the Appointments, Promotion and Tenure Committee and Department of Pediatrics chair of the availability for review of the written evaluations by the committee and Department of Pediatrics chair (the candidate may request a copy of these reports), and of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the Department of Pediatrics chair, for inclusion in the dossier.
- i) The chair will provide a written response to any candidate comments that warrants response for inclusion in the dossier.
- j) The Faculty Affairs Coordinator will forward the completed dossier, including candidate comments on the review and the chair’s responses to those comments, if any, to the College of Medicine by November 1. Apart from associated faculty, all dossiers including those with a negative evaluation must be forwarded to the college. In the case of associated faculty, a negative recommendation by the Department of Pediatrics chair is final.
- k) The chair will receive the Appointments, Promotion and Tenure Committee’s written evaluation and recommendation of candidates who are joint appointees from other tenure-initiating units, and to forward this material, along with the chair’s own independent written evaluation and recommendation, to the TIU head of the other tenure-initiating unit by the date requested.

4) College Promotion and Tenure Committee Responsibilities

- a) The College of Medicine Promotion and Tenure Committee is comprised of 30 professors on the clinical and tenure track faculty. The Department of Pediatrics chair and college administrative appointees with decanal titles are not eligible to serve as committee members. The Associate Dean for Academic Affairs appoints Procedures Oversight Designee(s). The chair of the committee will be elected by the committee per the committee Bylaws in the College of Medicine [Patterns of Administration](#).
- b) The committee will review the materials provided by the Department of Pediatrics for promotion and/or tenure consideration.
- c) For initial review, the full committee will be divided into subcommittees, each comprised of six committee members. The responsibilities of the subcommittee are to review all dossiers

assigned and refer candidates to a consent agenda or to the full committee for further review.

Referral to full committee review occurs upon request by one or more subcommittee members. It is expected that all subcommittee members examine all dossiers being discussed.

- d) For dossiers referred to the full committee, at least one primary reader and one secondary reader are assigned for each case. It is expected that all panel members have examined all dossiers being discussed. A draft of the report outlining the case may be prepared by the primary reader in advance and serve as the basis for the discussion of each case.
- e) Once materials are submitted to the College of Medicine for review, with the exception of items covered in (f) and (g) below, no further consultation with the Department of Pediatrics chair or committees or the faculty candidate on substantive matters should take place. This assures that the levels of review are independent.
- f) Any committee member from a candidate's department will be ineligible to participate in any discussion of the case under review, including comments about procedures, policies, or the culture of the Department of Pediatrics. Only the dossier material should be discussed and evaluated.
- g) Should questions arise with respect to procedural errors that reasonably could have affected the outcome of the review, they should be addressed before the review continues. The error should be corrected at the level of the review at which it occurred. The case should be fully reconsidered from that point on. If internal letters have been generated at that level of review and beyond, they should be saved but not included in the dossier. The new written evaluations should note that reconsideration took place because of a procedural error and state the nature of that error. The comments process must be repeated for the new internal letters.
- h) Should there be significant new information that materially affects consideration for promotion, the record may be amended; however, all parties to the review process must review an amended record. If the information becomes available after a case has left the Department of Pediatrics, the college committee may return the case to the Department of Pediatrics.
- i) A quorum of a simple majority of eligible committee members is required. Following discussion, the full committee will vote on the requested action. Only "yes" and "no" votes are counted. Abstentions are not considered as votes and all faculty members in attendance are required to vote. Abstentions to avoid voting negatively are discouraged. Primary reviewer will be responsible for preparing the written report of the committee's assessment and vote, which must address the contents of the discussion including attention to areas of disagreement, particularly in negative or split votes.
- j) After the college committee completes its work, the Associate Dean for Academic Affairs shall inform the dean of the college committee's tenure and/or promotion recommendations for each candidate. The dean shall make a final independent recommendation in writing to the Executive Vice President and Provost.
- k) Once the dean completes a letter to the provost, the dean or their designee will inform the candidate and the Department of Pediatrics chair of the completion of the college-level review and of the availability of the reports. The candidate and the chair will be provided with copies of those reports. University rules and Office of Academic Affairs guidelines regarding the comments process will then be followed.
- l) When a promotion and/or tenure decision is negative, the dean must advise the candidate of their right to appeal and, if applicable of their final date of employment under the seven-year rule.
- m) Fourth and eighth-year reviews will follow the above procedures with two exceptions. External letters of evaluation are not required and the final decision with respect to reappointment will rest with the dean. There is no comments process following the final decision.

5) Dean's Responsibilities

The dean will consider the recommendations of the college committee and will conduct an independent review and make a recommendation in writing to the Executive Vice President And Provost, the promotion and/or tenure action to be taken.

6) External Evaluations

External evaluations are obtained for all promotion and/or tenure reviews. As described above, a list of potential evaluators is assembled by the Appointments, Promotion and Tenure Committee, the Department of Pediatrics chair, and the candidate. Candidates are permitted to suggestion external evaluator names following the criteria below. However, as required by 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 minimum of five credible and useful evaluations must be obtained. A credible and useful evaluation is written by a person highly qualified to judge the candidate's scholarship and other performance. The evaluator may not be a close friend or a research collaborator. There may be no shared publications in the last five years, unless co-authorship is part of a multi-centered project with a large number of authors. The evaluator may not be a former academic advisor or postdoctoral mentor of the candidate. Qualifications are generally judged based on 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.

Letters of evaluation must provide 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 the Department of Pediatrics 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 must 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, promotion and tenure chair, and the Department of Pediatrics chair all agree in writing that it may proceed and agree that it will not constitute a procedural error.

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

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 of Pediatrics chair, who will decide what, if any, action is warranted. Examples may include

requesting permission from the Office of Academic Affairs to exclude the letter from the dossier. It is in the candidate's self-interest to assure that there is no ethical or procedural lapse, or the appearance of such a lapse, in the course of the review process. All solicited external evaluation letters received must be included in the dossier. If concerns arise about any of the letters, these concerns may be addressed in the written evaluations or brought to the attention of the Office of Academic Affairs for advice.

VIII. APPEALS

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

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

IX. REVIEWS IN THE FINAL YEAR OF PROBATION

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

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

X. PROCEDURES FOR STUDENT AND PEER EVALUATION OF TEACHING

A. Student Evaluation of Teaching

The College of Medicine views teaching broadly, and it includes teaching in the classroom, at the bedside, or in the laboratory. If appropriate, faculty in the College of Medicine can make use of the Student Evaluation of Instruction (eSEI) or can use any other appropriate method of student evaluation of their teaching. If using the eSEI, 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 and fellows using appropriate online evaluation systems. The faculty member should reiterate to students that the feedback provided in the evaluations is used both for performance reviews and to provide feedback that can be considered in future teaching.

B. Peer Evaluation of Teaching

The Department of Pediatrics chair oversees the Department of Pediatrics' peer evaluation of teaching process. The process for ensuring that all faculty members annually receive a formal peer

evaluation is overseen by the Department of Pediatrics chair through a panel of faculty members who voluntarily serve as peer-reviewers. The term of service is one year, with reappointment possible. The panel's responsibilities include:

1. review the teaching of probationary tenure track and probationary clinical faculty at least once per year.
2. review the teaching of tenured associate professors and non-probationary associate professors on the clinical faculty at least once per year;
3. review the teaching of tenured professors and non-probationary clinical faculty professors at least once every two years;
4. review, upon the Department of Pediatrics chair's request, the teaching of any faculty member not currently scheduled for review triggered by low or declining student evaluations or other evidence of the need for providing assistance in improving teaching;
5. 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 of Pediatrics chair is informed that the review took place, but the report is given only to the faculty member who requested thereview; faculty seeking formative reviews may also seek the services of the [Drake Institute for Teaching and Learning](#).

Peer-evaluation of teaching 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 continuing medical education courses, whether at The Ohio State University or elsewhere, lecturing in formal didactic courses, *et cetera*.

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 evaluation, the reviewer meets with the candidate to give feedback and submits a written report to the office of Department of Pediatrics chair, copied to the candidate. The candidate may provide written comments on this report and the reviewer may respond if they wish. The reports are included in the candidate's promotion and tenure dossier.

XI. APPENDICES

A. Glossary of Terms

Adjunct Faculty – 0% FTE, non-salaried, non-clinical associated faculty that participate in the education and training of medical students. e.g. community faculty (see also **Associated Faculty**). An adjunct appointment is not the same as a **Courtesy Appointment**.

Appointments, Promotion and Tenure Committee – the body of faculty that make recommendations to the Department of Pediatrics chair or dean regarding the viability of candidates for appointment, promotion and/or tenure; by special approval of the Office of Academic Affairs, the Department of Pediatrics Appointment's Promotion and Tenure Committee serves as the eligible faculty.

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

Associated – a broad category of faculty that encompasses adjunct, practice, visiting, returning retirees, lecturers which are typically intended to be short term appointments. (See also Adjunct Faculty, Practice Faculty)

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

Their home department.

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

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

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

Faculty – the College of Medicine has four faculty types: tenure track, clinical faculty, research faculty, and associated faculty.

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

Joint Appointment – when a faculty member's FTE (and salary support) is split between one or more academic department it is a joint appointment. (this is different than a **Courtesy Appointment**)

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

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

National recognition – could be based on geographic considerations (i.e. outside of Ohio) or based on national ranking for the discipline.

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.

Practice Faculty – an associated faculty appointment for those who will have a paid associated faculty appointment or have a paid appointment (e.g. staff, physician) (see also **Associated Faculty**)

Prior service credit – Application of years of service at the university in one track or rank applied to another track or rank when a faculty member transfers tracks or is promoted. Prior service credit is not allowed for track transfers; it is automatic for promotions unless turned down. For probationary tenure track appointments, prior service credit shortens the length of time that a faculty member must achieve tenure by the amount of the credit.

Probationary period – the length of time in which a faculty member on the tenure track must achieve tenure (e.g. 6 years for assistant professor faculty without clinical service, 11 years for assistant professor faculty with significant clinical responsibilities). It is also defined as the first contract for faculty on the clinical faculty or research faculty.

Reappointment review – the review of a clinical or research faculty member in the penultimate year of their contract to determine if the contract will be renewed.

Clinical faculty – the faculty who primarily engage in clinical, teaching and practice.

Research faculty –for basic scientist faculty who engage exclusively in research-based scholarship.

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

SEI – Student Evaluation of Instruction.

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

Tenure Initiating Unit, usually synonymous with department. Centers and Institutes are not tenure initiating units (see Appendix B for the complete list of departments).

University Rules, Faculty 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. Tenure Initiating Units in the College of Medicine

Appointments and promotion and tenure actions may only be originated by the tenure initiating unit, designated a department in the College of Medicine. Divisions are not departments, nor are Centers or Institutes.

Below is the list of all tenure initiating units in the College of Medicine. Non-clinical departments are indicated by an asterisk:

Anesthesiology	Ophthalmology & Visual Sciences
Biological Chemistry & Pharmacology*	Orthopedics
Biomedical Education & Anatomy*	Otolaryngology, Head & Neck Surgery
Biomedical Informatics*	Pathology
Cancer Biology & Genetics*	Pediatrics
Emergency Medicine	Physical Medicine and Rehabilitation
Family and Community Medicine	Physiology & Cell Biology*
Health and Rehabilitation Sciences, School of*	Plastic & Reconstructive Surgery
Internal Medicine	Psychiatry & Behavioral Health
Microbial Infection and Immunity*	Radiation Oncology
Neurological Surgery	Radiology
Neurology	Surgery
Neuroscience*	Urology
Obstetrics & Gynecology	

C. American Association of University Professors Statement on Professional Ethics

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.
3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.

4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.
5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

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

Revised: 9/23/2021