

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

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## **I. Preamble**

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

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

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

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

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

## **II. Mission of the Department of Internal Medicine**

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

## **III. Definitions**

### **A. Committee of the Eligible Faculty**

Owing to its size and complexity, the Department of Internal Medicine has been granted an exception to the rule that Appointments, Promotion and Tenure recommendations are made by a quorum of all faculty defined as "eligible faculty" in other departments (see the OAA [Policies and Procedures Handbook](#), Volume 3, Section 7.4). Accordingly, initial appointment reviews, reappointment, promotion or promotion and tenure reviews are performed by an Appointments, Promotion and Tenure (APT) Committee.

### **B. Appointments, Promotion and Tenure Committee (APT Committee)**

Faculty eligible to serve on the APT committee are all Clinical, Research and Tenure-track faculty whose TIU is the Department of Internal Medicine and who are at the rank of Associate Professor or Professor. Eligibility of committee members to vote on appointments, tenure, promotions or faculty

reappointments is described below in Section III.B.1-4. The responsibilities of the Committee are described in Section VI.B.

The Executive Vice Chair for Academic Affairs supervises the Appointments, Promotion and Tenure (APT) Committee of the Department.

The committee will consist of 12 clinical faculty (at least 6 of whom are at the rank of Professor) and 12 tenured faculty members (at least 6 of whom are at the rank of Professor). A research faculty member at the rank of Associate Professor or Professor, as appropriate, may be selected by the Department Chair or the Executive Vice Chair for Academic Affairs as needed to vote on appointment, reappointment or promotion of senior rank Research faculty. Division Directors cannot serve on the committee.

Committee members will be selected by an at large vote of all faculty members of the Department with the exception of associated faculty. All tenure-track faculty can vote for tenure-track faculty representatives, and all clinical faculty can vote for clinical faculty representatives. No division will have more than 3 tenure-track and 3 non-tenure-track representatives to the committee. Committee deliberations, discussions and decisions are strengthened by diversity of membership backgrounds and viewpoints. Accordingly, the faculty in their selection of committee members should strive for broad inclusiveness and diversity of gender and ethnicity.

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

The APT Committee will consist of two sections. One consists of all elected tenured faculty who will make recommendations concerning tenure-track faculty and those faculty in the Clinician Scholar Pathway because their career paths are similar to those of tenure-track faculty. The second section consists partly of all elected clinical faculty who will make recommendations concerning faculty in the Clinician Educator and Clinical Excellence Pathways. In addition, four members of the tenured section of the APT Committee will attend each of the meetings of the clinical section to review and participate in recommendations regarding Clinical faculty. These need not be the same faculty members at each meeting unless a candidate is discussed during more than one meeting. This will assure that tenured faculty have the required input on all promotions in the Department. Similarly, four members of the APT Committee section for review of non-tenured clinical faculty will attend each meeting of the tenure section when clinical faculty (in general those in the Clinician Scholar Pathway) are discussed. These need not be the same faculty members at each meeting unless a candidate is discussed during more than one meeting.

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

Two procedure oversight designees (POD) will be elected by each committee section, each to serve a one-year term (see section VI.B). Two POD's are elected to assure the presence of at least one at each committee meeting. The POD's may be reelected for an unlimited number of terms while they serve on the committee. At least one POD must be a member of the Tenured Faculty. A POD elected from

the Clinical Faculty cannot endorse documents or procedures relevant to Tenure-track Faculty promotions.

The role of the POD is to assure that all procedures outlined in the APT document are followed and to sign verification that all procedures, including the presence of a quorum, have been followed.

The Chair of the Department of Internal Medicine, Vice Chairs of the Department, the Dean, Assistant and Associate Deans of the College of Medicine, the Executive Vice president and Provost, and the President of the University may not participate in reviews for appointment, reappointment, promotion, promotion and tenure, or contract renewal.

### **1. APT Committee Members Eligible to Participate in Reviews of Tenure-track Faculty**

Appointments of new Assistant Professors do not require review or approval by the APT Committee because such appointments are made on the basis of search committee recommendations to the Department Chair. However, the Department Chair may seek advice and recommendations about assistant professor appointments from the Vice Chair for Academic Affairs and the APT Committee. The APT Committee members eligible for review of new senior rank tenure-track appointments consists of all tenured faculty at or above the rank for which the candidate is being reviewed. For tenure reviews of probationary professors, eligible APT Committee members consist of tenured Professors.

### **2. APT Committee Members Eligible to Participate in Reviews of Clinical and Research Faculty (Please see Section III.B for selection of Research Faculty).**

#### **a. Initial Appointment Reviews**

- Appointments at the level of Assistant Professor do not require a review and vote of the APT Committee because such appointments are made on the basis of search committee recommendations to the Department Chair. Committee members eligible to review appointment of senior rank Clinical Faculty (Associate Professor and Professor) consist of all Tenure-Track and Clinical faculty at or above the rank for which the candidate is being considered. Committee members eligible to review appointment of senior rank Research Faculty (Associate Professor and Professor) consist of all Tenure-Track faculty at or above the rank for which the candidate is being considered and the Research faculty member appointed to the Committee as described above by the Department Chair or the Executive Vice Chair for Academic Affairs.

#### **b. Reappointment and Contract Renewal**

- For reappointment and contract renewal of clinical assistant professors, the eligible APT Committee members consist of all tenured associate professors and professors, and all non-probationary clinical associate professors and professors. For reappointment and contract renewal of research assistant professors, the eligible APT Committee members consist of all tenured associate professors and professors, and the Research faculty member appointed to the Committee as described above by the Department Chair or the Executive Vice Chair for Academic Affairs.

The APT Committee members eligible to review reappointment and contract renewal of Clinical Associate Professors and Professors consists of all Tenure-track and Clinical faculty at or above the rank of the faculty member undergoing review. The APT Committee members eligible to review reappointment and contract renewal of Research Associate Professors and Professors consists of all Tenure-track faculty at or above the rank of the faculty member undergoing review and the Research faculty member

appointed to the Committee as described above by the Department Chair or the Executive Vice Chair for Academic Affairs.

In all cases, only the APT Committee members will participate in the final vote on a candidate.

However, all tenure-track faculty of the Department at a rank equal to or higher than a tenure-track candidate for appointment at the rank of Associate Professor or Professor can engage in discussions at APT Committee meetings regarding the appointment of that candidate, or in discussions about the promotion of Associate Professors. All tenure-track faculty of the Department at a rank equal to or higher than a candidate for appointment at the rank of Clinical or Research Associate Professor or Professor can also engage in discussions at APT Committee meetings regarding the appointment of that candidate, or in discussions about the renewal or promotion of clinical and research faculty at senior rank.

All Tenure-track and Clinical faculty at a rank equal to or higher than a candidate for appointment at the rank of Clinical Associate Professor or Professor can engage in discussions at APT Committee meetings regarding the appointment of that candidate, or in discussions about the renewal or promotion of clinical faculty at senior rank. All Tenure-track and Research faculty at a rank equal to or higher than a candidate for appointment at the rank of Research Associate Professor or Professor can engage in discussions at APT Committee meetings regarding the appointment of that candidate, or in discussions about the renewal or promotion of Research faculty at senior rank.

Moreover, all tenure-track, clinical, and research faculty at senior rank (Associate Professor or Professor) will have access to promotion applications through the Department Chair's office. The documentation will be available to review and these faculty at or above the proposed rank may send comments to the APT Committee chair regarding candidates (tenure-track faculty may comment on tenure-track and non-tenure-track faculty; non-tenure-track faculty may comment only on non-tenure-track candidates).

### **3. Conflict of Interest**

A conflict of interest exists when a member of the APT 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 (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 or whom have a clear conflict that could impact impartiality will be expected to withdraw from an appointment or promotion review of that candidate.

### **4. Minimum Composition**

In the event that the Department of Internal Medicine does not have at least three eligible faculty members who can undertake a review, the Chair of the Department of Internal Medicine, after consulting with the Dean of the College of Medicine, will appoint a faculty member from another tenure-initiating unit within the college.

## **C. Quorum**

A quorum will consist of 50% + 1 of the members from each track of the APT committee, at least one of whom must be the POD relevant to the case under review. Recommendations for or against

promotion require a simple majority of the quorum present for the vote. Committee members may discuss and vote on promotion or tenure applications submitted by faculty from their own division.

#### **D. 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 APT Committee for appointment is secured when greater than 50% of the votes cast are positive.

##### **2. Reappointment, Promotion and Tenure, Promotion, and Contract Renewal**

A positive recommendation from the APT Committee for reappointment, promotion and tenure, promotion, and contract renewal is secured when greater than 50% of the votes cast are positive.

#### **IV. Appointments**

##### **A. Criteria**

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

##### **1. Tenure-track Faculty**

- The Tenure-Track exists for those faculty members who primarily strive to achieve sustained excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for extramural funding such as that provided by the National Institutes of Health (NIH). Although excellence in teaching and outstanding service to the Department and College is required, these alone are not sufficient for progress on this track.
- Appointments to this track are made in accordance with University Faculty Rule [3335-6-02](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. There must be an expectation that faculty members who are appointed to the Tenure-Track will be assigned a workload that provides sufficient time for the faculty member to meet the expectations and requirements for advancement to tenure. The appointment process requires sufficient evidence in support of a Tenure-Track faculty appointment so as to ensure that the faculty candidate has clearly and convincingly met or exceeded applicable criteria in teaching, scholarship, and service.



- At the time of appointment, probationary Tenure-Track faculty members will be provided with all pertinent documents detailing Department, College, and University promotion and tenure policies and criteria. If these documents are revised during the probationary period, probationary Tenure-Track faculty members will be provided with copies of the revised documents.
- Each appointee with clinical responsibilities must obtain the appropriate Ohio licensure and other required certifications.

a. Appointment: Instructor on the Tenure Track.

An appointment to the rank of Instructor is always probationary. During the probationary period a faculty member does not have tenure and is considered for reappointment annually.

Appointments at the rank of Instructor are appropriate for individuals who do not yet have the requisite skills or experience to fully assume the range of responsibilities of an Assistant Professor. Appointments to this rank may also be made if all of the criteria for the position of Assistant Professor have been met with the exception that the candidate will not have completed a terminal degree, or other relevant training, at the time of the appointment. When an individual is appointed to the rank of Instructor, the letter of offer should indicate the specific benchmarks and achievements required for promotion to Assistant Professor.

An appointment at the Instructor level is limited to three years. When an Instructor has not completed requirements for promotion 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. This request must be approved by the Department's APT Committee, the Department Chair, the Dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate since prior service credit cannot be revoked once granted. In addition, all probationary faculty members have the option to be considered for early promotion.

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

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience. Individuals who have completed all the requirements of their terminal degree, but who have not obtained the final degree at the time of initial employment will be appointed as an Instructor. In addition, appointment at the rank of Instructor is appropriate for individuals who, at the time that they join the faculty, do not have the requisite skills or experience to fully assume the full range of responsibilities of an Assistant Professor.
- Evidence of potential for excellence in scholarship. Such evidence might include peer-reviewed publications in a mentored setting, but insufficient evidence of an independent, creative, and productive program of research with potential for external funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix B].

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

b. Appointment: Assistant Professor on the Tenure-Track

An appointment to the rank of Assistant Professor is always probationary. During a probationary period a faculty member does not have tenure and is considered for reappointment annually.

Tenure cannot be awarded at the rank of Assistant Professor. An Assistant Professor must be reviewed for promotion and tenure in the mandatory review year (6th year of appointment for faculty without clinical responsibilities, 11th year of appointment for faculty with significant patient clinical service responsibilities); however, promotion and tenure may be granted at any time during the probationary period when the faculty member's record of achievement so merits. Similarly, a probationary appointment may be terminated at any time subject to the provision of University Faculty Rule [3335-6-08](#) and the relevant paragraphs of University Faculty Rule [3335-6-03](#).

Consistent with University Faculty Rule [3335-6-09](#), faculty members with significant patient clinical service responsibilities are granted an extended probationary period of up to 11 years, including prior service credit, depending on the pattern of research, teaching, and service workload. An Assistant Professor with an extended probationary period is reviewed for promotion and tenure no later than the 11<sup>th</sup> year as to whether promotion and tenure will be granted at the beginning of the 12<sup>th</sup> year. For individuals not recommended for promotion and tenure after the mandatory review, the 12<sup>th</sup> 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 Department's APT Committee, Department Chair, Dean, and Executive Vice President and Provost. Prior service credit shortens a probationary period by the amount of the credit but once granted cannot be revoked.

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

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience.
- Early evidence of excellence in scholarship as demonstrated by the initial development of a body of research, scholarship, and creative work. In addition, evidence must be provided that supports a candidate's potential for an independent program of scholarship and a strong likelihood of independent extramural research funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix B].
- 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

c. Appointment: Associate Professor on the Tenure-Track

While appointments to the rank of Associate Professor may include tenure, a probationary period can be granted after petition to the Office of Academic Affairs. A Department must exercise care in making these appointments, especially if the probationary period will be less than four years. For faculty without patient clinical service responsibilities, the probationary period may not exceed four years. For faculty with significant patient clinical service responsibility, the probationary period may not exceed six years. Requests for such appointments require the approval of the Dean of the College, and the Executive Vice President and Provost.

An appointment to the rank of Associate Professor in advance of tenure is probationary. During a probationary period a faculty member does not have tenure and is considered for reappointment annually. Criteria for appointment to the rank of Associate Professor in advance of tenure are identical to the criteria for promotion to Associate Professor in advance of Tenure, as detailed in Section VI of this document. 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.

## **2. Clinical Faculty**

The initial probationary contract for all clinical faculty members must be for a period of five years. 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. The initial contract is probationary, with reappointment considered annually. Tenure is not granted to clinical/teaching/practice faculty. There is also no presumption that subsequent contracts will be offered, regardless of performance.

The Department supports faculty dedicated to Teaching, Clinical Practice and Clinical/Translational Research. Each new appointment must enhance, or have strong potential to enhance, the quality of the Department of Internal Medicine in its education, research and clinical care missions.

Clinical Faculty are equal to the Tenure-Track faculty in their importance to the Department of Internal Medicine. Clinical Faculty are those whose principal career focus is on outstanding teaching, clinical and translational research and delivery of exemplary clinical care. The scholarship of the Clinical Faculty is diverse and encompasses the spectrum of domains that have been defined as the scholarship of practice, integration, education, as well as new knowledge discovery.

Faculty members appointed as Clinical Faculty may choose to distinguish themselves in teaching, innovative pedagogic program development, patient-oriented research or excellent and innovative patient care. They may choose to distinguish themselves through several portfolios of responsibility including Clinician Educator, Clinician Scholar, and Clinical Excellence pathways.

The Clinician Educator pathway reflects pedagogical excellence as measured by teaching evaluations and innovative teaching practices, modules, publications, and the special expertise developed by the faculty member which they transmit to a broad range of learners. Faculty in this area of emphasis may or may not contribute to the field of education scholarship, but will

uniformly exhibit excellence in teaching based on the special insight they derive from their own practice expertise.

The Clinician Scholar pathway reflects excellence in translational science, clinical research and health services (e.g., health care policy and comparative effectiveness research) as measured by publications and grant funding, respectively.

The Clinical Excellence pathway exists for faculty members who focus on exemplary clinical care, unique areas of emphasis in patient management, or outstanding service to the Department, the College, and the University. Faculty members on this pathway typically devote 80% or more of their effort to patient care, the supervision of patient care or administrative service. Regardless of percentage time, the fundamental quality of faculty in this pathway is that their principal career focus is on excellent patient care, career innovation and the scholarship of practice.

a. 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. In addition, appointment at the rank of Instructor is appropriate for individuals who, at the time that they join the faculty, do not have the requisite skills or experience to fully assume the full range of responsibilities of an Assistant Professor. When an individual is appointed as an Instructor, the letter of offer should indicate the specific benchmarks and accomplishments that will be necessary for promotion to Assistant Professor.

Instructor appointments are limited to three years. In such cases, if the instructor has not completed requirements for promotion to the rank of Assistant Professor by the beginning of the penultimate year of the contract period, a new contract as Instructor will not be considered.

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

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study.
- Evidence for contributing to the advancement of scholarship of the Department that may include scholarship of teaching, new knowledge discovery or scholarship of practice.
- Post-doctoral clinical training in an appropriate area. This includes completion of a residency in Internal Medicine and may include subsequent fellowship training in a medical subspecialty.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix B].

b. Appointment: Assistant Professor on the Clinical Faculty

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 Faculty Rule [3335-6-08](#) and the provision of paragraphs (B) and (D) of

University Faculty Rule [3335-7-07](#). An Assistant Professor may be reviewed for promotion at any time during the probationary period or during a subsequent contract.

This is the appropriate level for initial appointment of persons holding the appropriate terminal degree and the relevant clinical training, who will participate in the scholarship of education, new knowledge discovery or scholarship of practice. Candidates for appointment at this rank are expected to have completed all relevant training, including residency and fellowship where appropriate, consistent with the existing or proposed clinical program goals of the Department.

Candidates for appointment to the rank of Assistant Professor on the Clinical Faculty will have at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience; and completion of requisite post-doctoral clinical training.
- Evidence of scholarship as demonstrated by activities such as presentation of abstracts or peer-reviewed articles as primary, secondary, or corresponding author; educational or clinical program development leadership; or involvement or leadership in quality or operations initiatives; and potential to advance through the faculty ranks.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix B].

c. Appointment: Associate Professor on the Clinical Faculty

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

d. Appointment: Professor on the Clinical Faculty

The criteria for initial appointment at the rank of Professor on the Clinical Faculty are identical to those criteria for promotion to this rank as outlined in Section VI of this document.

### **3. Research Faculty**

Appointment of research faculty entails one- to five-year appointments. The initial appointment is probationary, with reappointment considered annually. Tenure is not granted to research faculty. There is also no presumption that subsequent appointments will be offered, regardless of performance.

External appointees at the research associate professor or research professor level will demonstrate the same accomplishments in research and service as persons promoted within the Department of Internal Medicine.

Research Faculty are those who focus principally on investigative scholarship as opposed to formal teaching or service. Notably, the standards for scholarly achievement are similar to those for individuals on the Tenure-Track for each faculty rank. A Research Faculty member may, but

is not required to, participate in educational and service activities. Research Faculty may not participate in classroom teaching. Research Faculty members are expected to contribute to the Department's research mission and are expected to demonstrate excellence in scholarship as reflected by high quality peer-reviewed publications and successful competition for NIH or similar funding. In general, Research Faculty are those whose careers will ultimately lead to an appointment to the Tenure-track Faculty. Appointment to the Research Faculty allows initiation of a research career and scholarly accomplishments without expenditure of time in the Tenure probationary period.

Appointments to the Research Faculty are made in accordance with Chapter 7 of the *University Faculty Rules* ([3335-7](#)). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. Unless otherwise authorized by a majority vote of the Tenure-Track faculty in the Department, Research Faculty must constitute no more than twenty per cent of the number of Tenure-Track faculty in the Department. In all cases, however, the number of Research Faculty positions in a unit must constitute a minority with respect to the number of Tenure-Track faculty in the Department. The Department adheres to all the University rules governing these appointments.

Contracts will be for a period of at least one year but no more than five years, and must explicitly state the expectations for salary support. In general, Research Faculty appointments will require 100% salary recovery. It is expected that salary recovery will be entirely derived from extramural funds. General funds dollars may not be used to support Research Faculty. The initial contract is probationary and a faculty member will be informed by the end of each probationary year as to whether he or she will be reappointed for the following year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of a contract may be renegotiated at the time of reappointment.

Research Faculty members are eligible to serve on University committees and task forces but not on University governance committees. Research Faculty members are also 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 1.5 in the [Graduate School Handbook](#).

a. **Appointment: Assistant Professor on the Research Faculty.**

A candidate for appointment as a Research Assistant Professor must provide clear and convincing evidence he or she has a demonstrated record of impact and recognition at local or regional level and has, at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study, or possession of equivalent experience.
- Completion of sufficient post-doctoral research training to provide the basis for establishment of an independent research program.
- An initial record of excellence in scholarship as demonstrated by having begun to develop a body of research, scholarship, and creative work, and initial evidence of program of research as reflected by first or senior author publications or multiple co-authorships and existing or strong likelihood of extramural research funding as one of

several program directors or principal investigators on network-type or center grants (multiple-PD/PI) or as a co-investigator on multiple grants.

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

b. **Appointment: Associate Professor and Professor on the Research Faculty.**

The criteria for initial appointment to the rank of Associate Professor and Professor in the Research Faculty are identical to those criteria for promotion to this rank as outlined in Section VI of this document with the exceptions noted in the first paragraph of Section 3.

#### **4. Associated Faculty**

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

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

a. **Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor.**

Adjunct appointments are never compensated. Adjunct faculty appointments are given to individuals who volunteer considerable uncompensated academic service to the Department, such as teaching a course, for which a faculty title is appropriate. Criteria for appointment at advanced rank are the same as for promotion. Adjunct faculty members are eligible for reappointment at a higher rank but not tenure.

b. **Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, Clinical Professor**

Associated clinical appointments may either be compensated or uncompensated. Uncompensated appointments are given to individuals who volunteer uncompensated academic service such as those who provide teaching service to medical students and residents in the community environment, for which a faculty title is appropriate. Associated clinical or research rank is determined by applying the criteria for appointment of clinical and research faculty. Associated clinical and research faculty members are eligible for promotion (but not tenure) and the relevant criteria are those for promotion of clinical and research faculty. Clinical appointments are compensated. Criteria for appointment at advanced rank are the same as for promotion. Associated Faculty with these clinical titles are eligible for reappointment at a higher rank but not tenure.

**c. Lecturer.**

Appointment as lecturer requires that the individual have, at a minimum, a Master's degree in a field appropriate to the subject matter to be taught. Evidence of ability to provide high-quality instruction is desirable. Lecturers are not eligible for tenure, but may be promoted to senior lecturer if they meet the criteria for appointment at that rank.

**d. 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.

**e. Assistant Professor, Associate Professor, Professor with FTE below 50%.**

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

**f. Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor.**

Visiting faculty appointments may either be compensated or uncompensated. Visiting faculty members on leave from an academic appointment at another institution are appointed at the rank held in that position. The rank at which other (non-faculty) individuals are appointed is determined by applying the criteria for appointment of tenure-track faculty. Visiting faculty members are not eligible for tenure or promotion. They may not be reappointed for more than three years at 100% FTE.

**Associated Faculty Appointment Criteria and Procedures**

**Criteria**

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

- Those with clinical responsibilities must be a licensed physician or health care provider.
- All must have significant and meaningful interaction in at least one of the following mission areas of the Department:
  - a) Teaching of medical students, residents, or fellows: For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.
  - b) Research: Collaboration with the Department in research projects or other scholarly activities.
  - c) Administrative roles within the College: This includes participation in committees or other leadership activities (e.g., membership in the Medical Student Admissions Committee).



## **Procedures**

### **Appointment and Reappointment: Associated Faculty not at Advanced Rank**

Appointment and reappointment of associated faculty members, other than those at advanced rank, are decided by the Department Chair in consultation with Executive Vice Chair for Academic Affairs and the Division Director appointing the faculty member.

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

By definition, Associated Faculty members are appointed for one- to three-year terms. As such, Associated Faculty are not eligible for traditional promotion, but they are eligible to be reappointed at the next rank. Appointment or reappointment at an advanced rank should be based on evidence of excellence in a specific aspect of the Department's mission. All new appointments at advanced rank require a review and vote of the eligible faculty on the Department's APT Committee (all Tenure-Track, Clinical, and Research Faculty of higher rank than the candidate; please see section IIIB for selection and participation of Research Faculty), an evaluation by the Department Chair, and an evaluation letter (see Section VI.B.2) from a person that can attest to the faculty member's primary contribution in clinical care, teaching or scholarship.

### **Associate Professor on the Associated Faculty**

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

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

Leadership and Administration: For faculty members whose principal focus is service, benchmarks may include the faculty member's membership and participation on committees or other leadership groups. Leadership of subgroups within a committee, such as a writing group, or supervision of a task force is another example of such benchmarks. There must be a sustained commitment to leadership and administration rather than a single interaction with a Department or Medical Center committee or leadership group.

### **Professor on the Associated Faculty**

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

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

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

Leadership and Administration: For faculty members whose principal focus is service, the faculty member appointed or reappointed to the rank of Professor will progress to senior leadership roles in the College or Medical Center. This may consist of serving as chair of committees that contribute to the growth in excellence of the College or which have made fundamental and innovative changes in College procedures, practice or culture. There must be a record of sustained senior leadership rather than a single interaction with a College or Medical Center committee or leadership group.

## **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/teaching/practice, research, or associated faculty may request emeritus status upon retirement or resignation at the age of sixty or older with ten or more years of service or at any age with twenty-five or more years of service.

Faculty will send a request for emeritus faculty status to the Chair of the Department of Internal Medicine outlining academic performance and citizenship. The Committee of Eligible faculty (tenured and nonprobationary clinical/teaching/practice associate professors and professors) will review the application and make a recommendation to the Department Chair who will decide upon the request, and if appropriate submit it to the Dean of the College of Medicine. If the faculty member requesting emeritus status has in the 10 years prior to the application

engaged in serious dishonorable conduct in violation of law, rule, or policy and/or caused harm to the University's reputation or is retiring pending a procedure according to Faculty Rule [3335-05-04](#), emeritus status will not be considered.

See the OAA [Policies and Procedures Handbook](#) Volume 1, Chapter 1, for 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 for Faculty**

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

## **B. Procedures**

See the [Policy on Faculty Recruitment and Selection](#) and the [Policy on Faculty Appointments](#) for information on the following topics:

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

### **Tenure-track Faculty**

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

Searches for tenure-track faculty proceed as follows:

The Chair of the Department of Internal Medicine appoints a search committee consisting of three or more faculty who reflect the field of expertise that is the focus of the search (if relevant) as well as other fields within the Department of Internal Medicine. At least 50% of the committee members will be women.

Prior to any search, members of all search committees must undergo inclusive hiring practices training available through the college with resources from the [Office of Diversity and Inclusion](#). Implicit bias training, also strongly encouraged, is available through the [Kirwan Institute for the Study of Race and Ethnicity](#).

The Search Committee:

- Appoints a Diversity Advocate who is responsible for providing leadership in assuring that vigorous efforts are made to achieve a diverse pool of qualified applicants and that at a minimum two of four finalists for the appointment are a woman or a member of an underrepresented minority in medicine or science.
- Develops a search announcement for internal posting in the university Job Postings through the [Office of Human Resources](#) and external advertising, subject to the department Chair's approval. The announcement will be no more specific than is necessary to accomplish the goals of the search, since an offer cannot be made that is contrary to the content of the announcement with respect to rank, field, credentials, salary. In addition, timing for the receipt of applications will be stated as a preferred date, not a precise closing date, in order to allow consideration of any applications that arrive before the conclusion of the search.
- Develops and implements 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).
- Screens applications and letters of recommendation and presents its findings to the Department Chair.
- The Search Committee chair arranges virtual or on-campus interviews. Candidates are interviewed by, at a minimum, by the Dean of the College or by his or her designee, the Chair of the Department or her or his designee, members of the faculty of the Department, and members of the search committee. In addition, it is recommended that all candidates make a presentation to the faculty, students and/or residents on their scholarly activity.
- All candidates interviewing for a particular position must follow the same interview format and 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 Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment for individuals to be appointed at the rank of Assistant Professor.

If the offer involves a senior rank (Associate Professor or above), the eligible faculty members on the APT Committee must vote on the appointment. If the offer may involve prior service credit, the eligible faculty members on the APT Committee vote on the appropriateness of such credit. As noted in Section III.B.1, APT Committee members eligible to vote are members of the Tenure-Track faculty of equal rank or higher than that proposed for the candidate (i.e., Associate Professors and Professors vote on Associate Professor appointments, and only Professors vote on Professor appointments).

For all senior rank appointments, no fewer than five outside letters are obtained from experts (VI.B). These letters are solicited by the Chair of the Department of Internal Medicine.

The candidate's CV, outside review letters, and supporting letter from the Division Director to which the faculty member will be appointed are presented to the APT Committee. At the discretion of the Executive Vice Chair for Academic Affairs, this may occur at either a meeting of the Committee or through posting of the dossier and supporting material on a secure web server.

A decision to make an offer requires agreement by the Department Chair. Until agreement is reached, negotiations with the candidate may not begin, and the Department Chair and an appropriate representative of the Dean must sign the letter of offer.

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**

The search process and review for Clinical Faculty follows the same procedures as Tenure-Track faculty searches. The Dean can waive the requirement for national search. A search committee is appointed, a national search conducted, and candidates are reviewed at the Division and Department level as appropriate. As noted in Section III.A.2, appointment at the level of Assistant Professor does not require a review and vote of the APT Committee.

The same procedures are followed for senior rank Clinical Faculty appointments as described for Tenure-Track appointments, except that, as noted in Section III.B.2, APT Committee members eligible to vote are members of the Tenured and Clinical Faculty of equal rank or higher than that proposed for the candidate (i.e., Associate Professors and Professors vote on Associate Professor appointments, and only Professors vote on Professor appointments). As for Tenure-track faculty, the Chair of the Department of Internal Medicine solicits external review letters with a total of 5 received for review by the APT Committee.

### **2a. Procedures for Clinical Excellence Pathway Faculty**

Procedures for appointing faculty in the Clinical Excellence Pathway are the same as the other pathways in the Clinical Faculty with the exception that external letters of review may be obtained from local and regional as well as national experts who are themselves recognized as exemplars of scholarship of practice. In its deliberations, the Department will ensure that the career focus of the candidate is patient care or its management or supervision and that the majority of the candidate's professional effort is in this realm.

## **3. Research Faculty**

The search process and procedures for appointment are the same as those for faculty in the Tenure-Track. The procedures for appointment for senior Research faculty are the same as described for the Tenure-Track, except that, as noted in Section III.B.2, APT Committee members eligible to vote are members of the Tenured Faculty of equal rank or higher than that

proposed for the candidate (i.e., Associate Professors and Professors vote on Associate Professor appointments, and only Professors vote on Professor appointments) and the Research faculty member appointed to the Committee by the Department Chair or the Executive Vice Chair for Academic Affairs; please see section IIIB for selection and participation of Research Faculty. As noted in Section III.B.2, appointment at the level of Assistant Professor does not require a review and vote of the APT Committee.

#### **4. Track Transfer**

Transfers between tracks are permitted only under the strict guidelines detailed in the paragraphs below, per University Faculty Rules [3335-7-09](#) and [3335-7-10](#). Furthermore, transfer of an individual to a track 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 ultimate goal of all appointments.

##### Transfer: Tenure-Track to Clinical Faculty or Research Faculty

Tenure-Track faculty may transfer to the Clinical Faculty or Research Faculty if appropriate circumstances exist. Tenure is lost upon transfer, and the Department Chair, the Dean, the Executive Vice President and Provost must approve transfers. The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed. The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities. Presumably, these will differ from prior expectations.

Transfers from the Clinical Faculty and Research Faculty to the Tenure-Track are not permitted. Clinical Faculty and Research Faculty may apply for Tenure-Track positions and compete in regular national searches for such positions.

#### **5. Associated Faculty**

Other than associated faculty at advanced rank, the appointment, review, and reappointment of associated faculty are decided by the Department Chair in consultation with the division director to which the faculty member is appointed and in consultation with the Executive Vice Chair for Academic Affairs. As noted in Section IV.A.4 the appointment and reappointment of associated faculty at advanced rank require a review and vote by the department's APT Committee, an evaluation by the Department Chair, and an evaluation letter (see Section VI.B.2) from a person that can attest to the faculty member's primary contribution in clinical care, teaching or scholarship.

Compensated associated appointments are generally made for a period of one to three years, unless a shorter or longer period is appropriate to the circumstances.

Appointment and reappointment of uncompensated adjunct or visiting faculty may be proposed by any faculty member in the Department and are decided by the Department Chair in consultation with the Division Director to which the faculty member is appointed and in consultation with the Executive Vice Chair for Academic Affairs.

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

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

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

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

## **6. Courtesy Appointments for Faculty**

Any Department faculty member may propose a 0% FTE appointment for a Tenure- Track, Clinical Faculty or Research Faculty member from another University department. The Executive Vice Chair will review a proposal that describes the uncompensated academic service to the Department justifying the appointment for Academic Affairs and the Department Chair. They will determine whether this appointment will be recommended to the College. All courtesy faculty appointment will be consistent with the Department's APT document, the [University Faculty Rules](#), the Office of Academic Affairs [Policies and Procedures Handbook](#), and the University's [Office of Human Resources](#).

## **V. Annual Performance and Merit Review**

The Department of Internal Medicine follows the requirements for the annual performance and merit review as set forth in the [Policy on Faculty Annual Review and Reappointment](#), which stipulates that such reviews must include a scheduled opportunity for a face-to-face meeting as well as a written assessment.

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

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

in performance and achievement of goals.

The Department Chair is required (per Faculty Rule [3335-3-35](#)) to include a reminder in the annual performance and merit review letter that all faculty have the right (per Faculty Rule [3335-5-04](#)) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.

The Department Chair may add his/her own comments to the annual review if it is deemed necessary or differs from the Division Director's review. **It is essential that all faculty reviews are accurate and clearly delineate areas in which performance has not been satisfactory as well as indicating areas of achievement and success.**

#### **A. Documentation**

For their annual performance and merit review, faculty members must submit the following documents to the Division Director no later than the final day of autumn semester classes:

- Office of Academic Affairs dossier outline, [Policies and Procedures Handbook](#), Volume 3 (*required for probationary faculty*) or updated documentation of performance and accomplishments (*non-probationary faculty*)
- The Department of Internal Medicine annual review document, which reviews goals and accomplishments for the past year and defines mutually agreed upon goals for the upcoming year (*all faculty*)
- updated CV, which will be made available to all faculty in an accessible place (*all faculty*)

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

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

#### **B. Probationary Tenure-track Faculty**

Every probationary tenure-track faculty member is reviewed annually by the Director of the faculty member's division as well as research mentors or Directors of Institutes or Centers to which the faculty member is appointed. The faculty member meets with these individuals in person to discuss his or her performance, future plans, and goals. A written evaluation is prepared that includes a recommendation on whether to renew the probationary appointment.

The Chair of the Department of Internal Medicine recommends renewal of the appointment based on his or her own assessment and as a result of the above evaluation. This recommendation is final. The Division Director's annual review letter to the faculty member renews the probationary appointment for another year and includes a discussion regarding future plans and goals. The faculty member may provide written comments on the review. The Division Director's letter (along with the faculty member's comments, if



received) is forwarded to the Chair of the Department of Internal Medicine and the Dean of the College of Medicine. In addition, the annual review letter becomes part of the cumulative dossier for promotion and tenure (along with the faculty member's comments).

If the Division Director and Department Chair recommend nonrenewal, the Fourth-Year Review process (per Faculty Rule [3335-6-03](#)) is invoked. Following completion of the comments process, the complete dossier is forwarded to the college 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. The objective of this review will be to determine if adequate progress toward the achievement of promotion and tenure is being made by the faculty member. External review letters are not solicited but the faculty member prepares a dossier equivalent to that used for application for promotion. The dossier is reviewed and voted on by the Tenure-Track members of the APT Committee and a written summary of accomplishments and areas requiring improvement is prepared. The results of this review are summarized in a letter by the committee member performing the review and this letter is further reviewed and edited as required by the committee chair. The review letter is then forwarded to the Executive Vice Chair for Academic Affairs and the Department Chair for further review. They will collaborate in writing the Department's probationary review letter, which is then forwarded to the College.

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

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

### **2. Eighth-Year Mandatory Tenure Review**

The eighth-year review for Tenure-Track faculty with clinical responsibilities is performed following the procedures stated above for the fourth-year review.

### **3. Exclusion of Time from Probationary Period**

University guidelines for Exclusion of Time from Probationary Period are specified in University Faculty Rule [3335-6-03](#) (D). Additional procedures and guidelines can be found in the Office of Academic Affairs [Policies and Procedures Handbook](#).

## **C. Tenured Faculty**

Associate Professors and Professors are reviewed annually by their Division Director and the Department Chair according to the procedures outlined in section V.B.

The annual review of professors is based on their having achieved sustained excellence in the discovery and dissemination of new knowledge relevant to the mission of the Department of Internal Medicine, as demonstrated by national and international recognition of their scholarship; ongoing excellence in teaching, including their leadership in graduate education in both teaching and mentoring students; and outstanding service to the department, college, the university, and their profession, including their support for the professional development of assistant and associate professors. Professors are expected to be role models in their academic work, interaction with colleagues and students, and in the recruitment and retention of junior colleagues. As the highest ranking members of the faculty, the expectations for academic leadership and mentoring for professors exceed those for all other members of the faculty. If a professor has an administrative role, the impact of that role and other assignments will be considered in the annual review.

#### **D. Clinical Faculty**

The annual performance and merit review process for probationary and non-probationary Clinical Faculty is performed according to the procedures outlined in section V.B.

In the penultimate contract year of a clinical/teaching/practice faculty member's appointment, the Division Director and Department Chair must determine whether the position held by the faculty member will continue. If the position will not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule [3335-6-08](#) must be observed.

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

#### **E. Research Faculty**

The annual review process for research probationary and non-probationary faculty is identical to that for tenure-track probationary and tenured faculty, respectively, as outlined in section V.B.

In the penultimate contract year of a research faculty member's appointment, the Division Director and Department Chair must determine whether the position held by the faculty member will continue. If it will not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule [3335-6-08](#) must be observed.

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

#### **F. Associated Faculty**

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

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

### **G. Salary Recommendations**

The Department Chair head makes annual salary recommendations for non-clinical faculty in consultation with their Division Director. These recommendations are forwarded to the Dean, who may modify them. The recommendations are based on the current annual performance and merit review as well as on the performance and merit reviews of the preceding 24 months. For clinicians, salary recommendations are under the auspices of the College of Medicine Compensation Plan.

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

Faculty who fail to submit the required documentation (see Section V-A above) for an annual performance and merit review at the required time will receive no salary increase in the year for which documentation was not provided, except in extenuating circumstances, and may not expect to recoup the foregone raise at a later time.

## **VI. Promotion and Tenure and Promotion Reviews**

### **A. Criteria and Documentation**

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

*In evaluating the candidate's qualifications in teaching, scholarship, and service, reasonable flexibility shall be exercised, balancing, where the case requires, heavier commitments and responsibilities in one area against lighter commitments and responsibilities in another. In addition, as the university enters new fields of endeavor, including interdisciplinary endeavors, and places new emphases on its continuing activities, instances will arise in which the proper work of faculty members may depart from established academic patterns. In such cases care must be taken to apply the criteria with sufficient flexibility. In all instances superior intellectual attainment, in accordance with the criteria set forth in these rules, is an essential qualification for promotion to tenured positions. Clearly, insistence upon this standard for continuing members of the faculty is necessary for maintenance and enhancement of the quality of the university as an institution dedicated to the discovery and transmission of knowledge.*

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

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

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

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

### **1. Promotion to Associate Professor with Tenure**

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

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

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

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

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

**Scholarship:** Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. While individual circumstances may vary, both the quantity and quality of publications should be considered. Due to the extensive variation in disciplines encompassed by the Department, it is difficult to establish expectations for journal impact factors or other metrics such as the H-index. However, all members of the faculty should strive to publish in the highest quality journals in their field and should provide indication of the relative caliber of those journals in their discipline. The number of times a journal article is cited is further evidence of a paper's impact. A sustained record of high quality and quantity of scholarly productivity as an Assistant Professor is required for promotion to the rank of Associate Professor. A suggested range of publications at time of promotion is 20 to 40 peer reviewed manuscripts reporting original work. In general, a target of 25 papers since time of appointment to the Department of Internal Medicine is a recommended range if the candidate was previously appointed to the faculty at another institution. However, these ranges suggest a scope of achievement and not inflexible requirements for promotion. Specific metrics in support of excellence in scholarship may be discipline- specific. For example, clinician investigators will have less time available for research than basic investigators and appropriate adjustments of these criteria should be made. The range of publications may be slightly adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical service. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.

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

For clinicians seeking tenure, accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. For example, a 25- 50% clinical commitment might reduce the suggested range of publications by 25%.

However, evidence of at least co-investigator status in one of the grant categories listed above is a prerequisite to tenure. For clinicians with a greater than 50% clinical commitment there should be either evidence of co-investigator status in one of the grant categories listed above as a prerequisite to tenure and/or strong publication record coupled with clear evidence of a national reputation for clinical excellence and innovation. Similar accommodations can be made on the basis of educational commitments.

As noted, faculty members are encouraged to collaborate with other investigators and are encouraged to meet the requirement for extramural support for their research as a one of several program directors or principal investigators on network-type or center grants or, in some circumstances, by serving as a co-investigator on multiple NIH grants. For clinicians, sustained funding throughout the duration of the probationary period through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies will meet the equivalent criteria of extramural funding.

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

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

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

**Teaching and Mentoring:** A distinctive record of teaching and mentoring excellence is required for promotion and tenure. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are also highly supportive of teaching excellence. A faculty member may also demonstrate a favorable impact on teaching and training programs, including curricular innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development

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

Teaching excellence is most commonly demonstrated in this track through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals and similar activities. Active participation as a mentor in training grants such as NIH T32 or K-awards, F31, F32 or other mentored fellowship awards for graduate students or postdoctoral fellows is highly valued as a teaching and mentoring activity.

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

**Service:** Service includes administrative service to the University, excellent patient care, program development, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to Department, College, hospital, and/or University committees. Evidence of professional service to the faculty member's discipline can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes: service as a grant reviewer including service on ad hoc or regular NIH study sections, serving as an external program examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

As noted throughout this document, requirements for advancement will vary for each faculty member based on their specific clinical expectations. Excellence in teaching, scholarship, and service is moreover defined to include professional ethical conduct in each area of responsibility, consistent with the [American Association of University Professors' Statement on Professional Ethics](#).

## **2. Promotion to Associate Professor without Tenure (*In Advance of Tenure*)**

Faculty members with significant clinical responsibilities with an eleven-year probationary period who fully meet the teaching and service requirements for promotion to associate professor with tenure, but not all of the research requirements, may petition for promotion to associate professor without tenure.

Promotion to Associate Professor in advance of tenure is available to faculty members with 11-year probationary periods. The Department may propose a faculty member for promotion to Associate Professor in advance of tenure when the faculty member has attained a level of achievement that demonstrates that she or he is making significant progress towards tenure, but has not yet satisfied all the expectations for its award. In addition, the Tenure-Track members of the APT Committee or the Department Chair may determine that a faculty member's accomplishments do not merit tenure and may recommend promotion in advance of tenure even if a faculty member has requested promotion with tenure. Promotion in

advance of tenure may only occur if a candidate is not in the final mandatory review year. If a clinician candidate is promoted in advance of tenure, the tenure review must occur within six years, and no later than the final mandatory review year, whichever comes first.

**Scholarship:** Qualitative indicators consistent with promotion in advance of tenure might include an advancing record of scholarly excellence that demonstrates substantial progress toward meeting the scholarship expectations for the award of tenure. This may be demonstrated by publications in high quality peer-reviewed journals, evidence of emerging external recognition, and progress toward an extramurally supported research program. An example might be clear evidence of escalating productivity indicating acquisition of momentum that will propel the candidate toward the sustained record of productivity required for tenure. Publications in journals of lesser impact that reflect the preliminary stages of development of a research career, or a predominance of publications in which the candidate is not first or senior author are also examples. A suggested range of publications at time of promotion is 10 to 25 peer reviewed manuscripts reporting original work. In general, a target of 15 to 20 papers since time of appointment to the Department is a recommended range. However, these are ranges that suggest a scope of achievement and not an inflexible requirement for promotion. As noted above, participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding **or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.** Criteria for a promising trajectory in extramural funding might be reflected by serving as a PI or multiple-PD/PI on a new NIH grant award, as co-investigator on several NIH projects, as PI on local extramural grants, or as local PI for multi-center clinical trials may also meet the requirement of extramural funding. Evidence of an emerging national recognition might include invitations to lecture at statewide or regional institutions or scientific meetings. Although the quality of scholarship is of the utmost importance, quantity is also important, and the record of accomplishment must demonstrate discovery of a substantial body of important, new knowledge.

It is noted that scholarship below the suggested benchmarks does not preclude promotion in advance of tenure nor does achievement beyond guidelines for promotion in advance of tenure assure promotion. See section VI.A.1 for a discussion of quality metrics for publications. As for promotion with tenure, expectations for scholarly achievement must be calibrated based on the clinical commitment of the faculty member.

**Teaching and Mentoring:** Indicators of teaching consistent with promotion in advance of tenure might include a record of teaching excellence involving a single group of trainees, a clear trend of improving teaching evaluations, or divisional (as opposed to department or college-wide) teaching awards. Teaching excellence may also be demonstrated through evaluations for presentations at other academic institutions, scientific or professional societies or other hospitals.

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



**Service:** Indicators of service consistent with promotion in advance of tenure might include a sufficient volume of outstanding service; or service as a member or chair of committees within the Department or College, but the absence of significant service roles at the national level. This might also include activities as an ad hoc reviewer for journals, or service on the advisory board for local organizations. Faculty members who are promoted without the award of tenure must be considered for tenure no later than the mandatory review date or six years following promotion, whichever comes first.

### 3. Promotion to Professor

Faculty Rule [3335-6-02](#) establishes the following general criteria for promotion to the rank of professor:

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

Awarding promotion to the rank of Professor with Tenure must be based upon convincing evidence that the candidate has a sustained, eminent record of achievement recognized nationally and internationally. The general criteria for promotion in scholarship, teaching and service require more advanced and sustained quantity, quality and impact than that required for promotion to Associate Professor. Importantly, the standard for external reputation is substantially more rigorous than for promotion to Associate Professor with tenure. This record of excellence must be evident from activities undertaken and accomplishments achieved since being appointed or promoted to the rank of Associate Professor.

**Scholarship:** A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an Associate Professor is required for promotion to Professor.

See Section VI.A.1. for a discussion of quality metrics for publications. Candidates for promotion to Professor should ideally have 25-35 peer-reviewed publications since their promotion to Associate Professor. However, this is a range that suggests a scope of achievement and not an inflexible requirement for promotion. As noted above, participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; **or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.** Clear evidence of an international reputation including: election to a leadership position in an international society or repetitive appointments to a national office, service as a national committee or task force chair, chair of an NIH or other federal review panel, regular membership on an NIH study section, peer recognition or awards for research, and editorships and lectures in international venues. Candidates for promotion will be expected to have developed and maintained nationally competitive and peer-reviewed extramural funding to support their research program including sustained NIH funding. At a minimum, basic science candidates for promotion to Professor must be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH awards.

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

**Teaching and Mentoring:** A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. Evidence for exemplary teaching includes outstanding student and peer evaluations, course or workshop leadership and design, a training program directorship, teaching awards, organization of national course and curricula, and/or 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.

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

**Service:** Promotion to the rank of Professor requires service with distinction to the College the University, and/or national and international professional societies. Service can include leadership roles on University committees, in professional organizations and journal editorships. Evidence of the provision of professional expertise could include roles as a board examiner, service on panels and commissions, program development, and professional consultation to industry, government, and education.

#### **4. Clinical Faculty**

Clinical Faculty members have a greater responsibility for clinical care in addition to their excellence in teaching and scholarship that in fact is often broader in scope than that in the Tenure-Track. Clinical Faculty members are not eligible for tenure. The criteria in the categories of teaching and service are, for the most part, similar to those for the Tenure-Track for each faculty rank. The domains of scholarship are widely varied for Clinical Faculty in the Department of Internal Medicine and accordingly the Department is committed to maintaining a broad and flexible view of meritorious scholarship.

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

With the exception of those in the Clinical Excellence Pathway, promotion to the rank of Associate Professor for 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. Clinical Faculty typically pursue careers as clinician scholars, clinician educators or experts in the scholarship of practice (i.e., clinical excellence).

#### 4a. Promotion to Associate Professor on the Clinical Educator Pathway

Promotion of Clinical Faculty to the rank of Associate Professor in the Clinician Educator Pathway should be based upon convincing evidence that 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 distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are necessary evidence of teaching excellence. Candidates 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, innovative programs that have significant impact and that integrate teaching, research and patient care are particularly valued. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity.

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

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

**Scholarship:** The candidate should demonstrate contributions to scholarship as reflected by authorship of peer-reviewed journal publications. Faculty in the Clinician Educator Pathway may focus on the pedagogy of education and publish in this domain. Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula and methods of evaluation.

These are examples and are not inclusive of the variety of scholarly work that may be developed by these faculty members. Other faculty members in the Clinician Educator Pathway may publish works based on their areas of expertise which form the basis for their teaching. These may include review papers, book chapters as well as original investigator initiated studies related to their area of clinical practice. Some faculty members may combine these two areas of career emphasis. For both types of faculty careers, development of web-based or video-teaching modules and other digital media are considered to be published works. In the current era of team and collaborative scholarship,

it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual and identifiable expertise was essential to the publication are regarded as having merit equivalent to those that are first or senior author. A range of 10-15 scholarly written or digital publications of this type at time of promotion is suggested as a scope of work consistent with promotion to Associate Professor. However, this range does not represent an inflexible requirement for promotion. For those previously appointed to the faculty at other institutions, consideration should be given to the publication record at that institution. The guiding principle for promotion DOIM promotion is that there is clear evidence that the trajectory of publications is sustained or increased.

#### 4ai. Promotion to Professor, Clinical Educator Pathway

Promotion of Clinical Faculty to the rank of Professor in the Clinician Educator pathway must be based upon convincing evidence that that the candidate has developed a national level of leadership or international recognition as a teacher since being appointed to the rank of Associate Professor.

**Teaching and Mentoring:** A distinctive record of sustained superlative teaching and mentoring excellence is required for promotion. Excellence is demonstrated by sustained positive evaluations by students, residents, fellows, local colleagues and national peers. Multiple teaching awards and other honors are indicative of this level of teaching excellence. 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 innovative programs with significant impact and that integrate teaching, research and patient care are valued. Teaching excellence may also be demonstrated through participation in specialty boards such as Resident Review Committees, specialty boards and the Accreditation Council for Graduate Medical Education.

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

**Service:** Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to College, Medical Center, and/or University committees and mentoring activities. Evidence of professional service to the faculty member's discipline should include journal editorships, and offices held and other service to national professional societies.

**Scholarship:** The candidate must demonstrate sustained contributions to scholarship as reflected by authorship of peer-reviewed journal publications (10 to 15 since time of promotion or since time of appointment to the faculty). For those previously appointed to the faculty at other institutions, consideration should be given to the publication record at that institution. The guiding principle for promotion DOIM promotion is that there is

clear evidence that the trajectory of publications is sustained or increased. Furthermore, this range does not represent an inflexible requirement for promotion. Faculty in the Clinician Educator Pathway may focus on the pedagogy of education and publish in this domain. Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula and methods of evaluation. These are examples and are not inclusive of the variety of scholarly work that may be developed by these faculty members. Other faculty members in the Clinician Educator Pathway may publish works based on their areas of expertise which form the basis for their teaching. These may include review papers, book chapters as well as original investigator initiated studies related to their area of clinical practice.

Some faculty members may combine these two areas of career emphasis. For both types of faculty careers, development of web-based or video-teaching modules and other digital media are considered to be published works. In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual and identifiable expertise was essential to the publication are regarded as having merit equivalent to those that are first or senior author. A range of 16-30 scholarly written or digital publications of this type at time of promotion is suggested as a scope of work consistent with promotion to Professor. However, this range does not represent an inflexible requirement for promotion.

#### 4b. Promotion to Associate Professor, Clinician Scholar Pathway

Promotion of Clinical Faculty to the rank of Associate Professor in the Clinician Scholar pathway is based on convincing evidence that the candidate has developed a national level of impact and recognition as a clinician scientist since being appointed to the rank of Assistant Professor.

**Teaching and Mentoring:** A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are also supportive of teaching excellence. Teaching excellence must be demonstrated through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is very highly valued as a teaching and mentoring activity.

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

**Service:** Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities

beyond the University. Evidence of service can include membership on Department, College, Medical Center, and/or University committees and mentoring activities.

**Scholarship:** The candidate must demonstrate contributions to scholarship as reflected by authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in clinical trials. In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual and identifiable expertise was essential to study design, study implementation, data acquisition, data interpretation and manuscript preparation are regarded as having merit equivalent to those that are first or senior author. A range of 15 or more publications of this type at time of promotion is suggested as a scope of work consistent with promotion to Associate Professor. However, this range does not represent an inflexible requirement for promotion. Participation in collaborative multidisciplinary research and team science is highly valued even though it may result in "middle" authorship, as long as the faculty member's unique contribution can be discerned.

Faculty on this track should have acquired external funding in support of their program of scholarship. Candidates should have a track record of being investigators in foundation, industry or NIH studies. Entrepreneurship and appropriate commercialization of new discoveries are also evidence of scholarly activity as described in Section VI.A.1 and will be viewed favorably.

#### 4bi. Promotion to Professor, Clinician Scholar Pathway

Promotion of Clinical Faculty to the rank of Professor in the Clinician Scholar pathway must be based upon convincing evidence that that the candidate has developed national leadership or international recognition as a clinician scientist since being appointed to the rank of Associate Professor.

**Teaching and Mentoring:** A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. The faculty member should have made unique contributions of significant impact to the teaching mission as an Associate Professor. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity.

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

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

**Service:** Promotion to the rank of Professor requires service with distinction to the Department, College and the University, and in a national context. The faculty member should have made new service contributions of significant impact as an Associate Professor. Candidates should have led the development of new and innovative clinical or clinical research programs which received national recognition and participated in leadership positions of learned academic education professional societies.

**Scholarship:** The candidate must demonstrate contributions to scholarship as reflected by authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational and/or clinical research projects or in clinical trials. In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual expertise was essential to study design, study implementation, data acquisition, data interpretation and manuscript preparation are regarded as having merit equivalent to those that are first or senior author. A range of 15 or more scholarly publications since time of promotion or appointment to the Department is suggested as a scope of work consistent with promotion to Professor. However, this range does not represent an inflexible requirement for promotion.

Faculty members on this track should ideally have been co-investigators on multiple NIH, Pharma, or major national clinical trials. Entrepreneurship and inventor ship are also evidence of scholarly activity, as described in Section VI.A.1.A and will be viewed favorably.

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

A faculty member assigned major responsibilities (a minimum of 80% professional effort averaged over the previous five years) for clinical care and clinical administrative activities may seek promotion for excellence in activities categorized as “scholarship of practice” (or “scholarship of application”). Total clinical effort should reflect the additional time necessary for patient management that commonly goes beyond time spent in billable clinic and inpatient service hours. The clinical time commitment of these individuals may not allow the achievement of personal national recognition for their accomplishments; however, their unique contributions serve to enhance the national recognition of the Department, College, Medical Center or University. Their contribution to the regional and national recognition of the Medical Center may serve as a proxy for individual national recognition.

#### 4ci. Promotion to Associate Professor, Clinical Excellence Pathway

Promotion to the rank of Associate Professor on the Clinical Excellence Pathway must be based upon convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual physician's scope or sphere of influence. Promotion will not be granted purely on the basis of length of service to the institution or satisfactory job performance.

One of the most important measures of excellence in the scholarship of practice would be evidence that activities or innovations of an individual faculty member have contributed to a change in the scope and the nature of practice in his or her own discipline. Another piece of

evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems.

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

According to Boyer's taxonomy, scholarship exists in the domains of Discovery, Integration, Application and Teaching (Boyer EL. Scholarship reconsidered. Priorities of the Professoriate. The Carnegie Foundation for the Advancement of Teaching. Lawrenceville, NJ: Princeton University Press. 1990). Scholarship of practice is scholarship of application as defined by Boyer. Due to the diverse nature of the activities of clinical faculty, scholarship of practice can be evidenced in a wide variety of behaviors but all must have demonstrable impact on practice and patient care. While excellence in patient care is expected of all clinicians, scholarship of practice denotes new contributions to patient management, approaching new patient populations, quality initiatives, and other innovations that advance the field of practice. Other important criteria relate to the level of excellence as well as achievement of reputation. Citizenship and service are certainly required to fulfill the basic criteria before these special attributes can be considered for promotion.

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

As with all applications for promotion, letters of review are required. These may be from internal reviewers who are familiar with the candidate's work, regional experts who are aware of the candidate's work, reputation and who may have referred and comanaged patients with the candidate. Letters from outside experts are also appropriate as for other pathways. The nature of the reviewers may differ from the usual expert reviewers who are remote professionally and often geographically distant from the candidate. The careers of these experts will differ from the external reviewers in other pathways in being characterized by excellence in patient care rather than a history of scholarly publications or grant funding. Local experts may include colleagues from another health center and can include non-academic institutions. Evaluation of local expert clinicians from inside the University (Ohio State University Wexner Medical Center or Nationwide Children's Hospital) is permitted but restricted to colleagues outside the candidate's division. Reviewers should be at or above the rank to which the candidate aspires (on a limited basis, reviewers below the aspired rank will be accepted though these are not highly recommended.)

The following are criteria for promotion to Associate Professor in the Clinical Excellence Pathway (See table that follows for a description of areas in which faculty may demonstrate clinical excellence for promotion).

Basic requirements:

- Achievement of clinical goals for service



- Excellent citizenship that promotes the advancement of high caliber medical care through collaboration with other health care providers

Promotion criteria:

- Demonstration of excellence: Expertise in clinical field
- Demonstration of reputation: At least local or regional.
- A unit's reputation may be a reflection of the impact of a member. Therefore local or regional reputation may be documented by evidence that a faculty member significantly contributed to the ranking or reputation of a practice unit.
- Demonstration of dissemination of the faculty member's contributions to the advancement of practice within or outside their unit or the institution.

#### 4cii. Promotion to Professor, Clinical Excellence Pathway

Promotion to Professor in the Clinical Excellence Pathway requires the benchmarks for Associate Professor with additional evidence of national impact on practice or involvement with national programs of patient care, practice innovation, and advancement of quality of care.

Basic requirements:

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

Promotion criteria:

- Demonstration of excellence: Leadership in clinical field
- Demonstration of reputation: National.
- A unit's reputation may be a reflection of the impact of a member. Therefore national reputation may be documented by evidence that a faculty member significantly contributed to the ranking or reputation of a practice unit.
- Other indicators of national recognition include, but are not restricted to, adoption of the faculty member's contribution to the advancement of practice at other institutions, active membership in national organizations and invitations to consult at or present their innovations at outside institutions.
- Demonstration of dissemination of the faculty member's contribution to the advancement of practice either in a wider scope than at time of promotion to Associate Professor or development of new practice innovations that differ from those at time of last promotion. In the latter case, it will again be expected that the practice innovation has influenced practice within or outside the institution.

The table in this section relative to promotion is only a summary of the guidelines for promotion and do not convey the flexibility and judgment that must be exercised in the recommendation for or against promotion. Faculty should consider the entirety of the document text in addition to the summary tables.

## DESCRIPTION OF AREAS IN WHICH FACULTY MAY ACHIEVE AND DEMONSTRATE CLINICAL EXCELLENCE FOR PROMOTION

Promotion candidates should demonstrate significant accomplishment(s) in at least one of the first four elements, marked with an asterisk.

### Element #1 - Practice Quality Improvement \*

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

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

### Element #2 - Practice Development and Growth \*

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

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

### Element #3 - Patient-related Outcomes and Improvements \*

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

#### Element #4 - Leadership (Internal and External) \*

Exemplify a sustained track record of clinical leadership within or outside the institution. Specific outcomes resulting from individual efforts in leadership should be impactful and measurable. Roles as "directors" and "chairs" are distinctions but in themselves not adequate. More important is the impact of the group's effort and the individual contribution of the faculty member.

Examples of leadership roles include committee chairs, clinic lead physicians, medical directors, mentor and role models for peers.

In addition to the above, accomplishments in the following area are supportive of promotion.

#### Element #5 - Practice Related Awards and Recognitions

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

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

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

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

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

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

#### Element #8 - Research Collaboration

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

## 5. Criteria for Promotion for Research Faculty

The criteria for promotion of Research Faculty focus on original research accomplishments. The standards for promotion are comparable to those for the Tenure- Track Faculty for each faculty rank with the exception of classroom teaching. These faculty members participate in education through mentorship of developing scientists and students.

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

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

Although funding by the NIH is highly desirable, it is not required for promotion on this track. Other nationally competitive, peer-reviewed funding, including support from national charitable foundations (e.g., American Heart Association or American Cancer Society), industry, or federal entities such as the Centers for Disease Control and Prevention and the National Science Foundation will satisfy the criterion for nationally competitive peer-reviewed funding should evidence exist for a sustained record of funding from these types of agencies. Faculty members are encouraged to collaborate with other investigators and may therefore meet the requirement for extramural support for their research as a co-investigator on NIH awards, or other comparable roles on awards from private foundations. Funding through pharmaceutical or instrumentation companies for investigator initiated proposals, or as local principal investigator for multi-center trials also meets the requirement of extramural funding. Similarly, faculty members who generate support for their research programs through their contribution to the creation of patents with associated license-derived income or spin-off companies also meet the criteria for extramural funding. It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources.

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. In general this consist of publishing 20 to 25 peer-reviewed reports of original scientific findings since time of appointment to the faculty or since time of promotion. Overall, both quality and quantity are important considerations. Publication as at least a co-author in the field's highest impact factor journals is an important variable that converges with other factors such as the extent of external funding, invited lectures, invited manuscripts, editorial boards, peer-review panels, and external letters of evaluation

in the decision to promote. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.

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

#### 5a. Promotion to Research Associate Professor

Promotion to Research Associate Professor in the Department is awarded to those faculty members presenting compelling evidence of a career productive of high impact research. Effective teaching in the form of research mentorship of graduate students, residents, and fellows is a further characteristic of the faculty member advancing to Associate Professor.

Specific benchmarks include the following:

1. Funded research projects including at least one externally funded proposal reflecting national peer respect for the candidate's research program are expected. If the faculty member is not principal investigator, he/she must document a significant scientific role as a collaborator on funded research programs with original, independent, and innovative contributions to the research program which exceed simple technical expertise. It is recognized that the current era of medical investigation often requires the integration of multiple investigators with differing expertise. Therefore, faculty with meaningful participation and essential contributions to such efforts must be recognized and rewarded for these activities, even if not the principal investigator for such projects.
2. A substantial record of research publication in refereed journals as first author or as co-author with significant contribution. The publications should reflect consistent productivity over years. It is emphasized that although peer review funding is one benchmark of academic achievement and recognition, the ultimate realization of a successful research program is publication of novel findings in high impact peer-reviewed journals. **It is important to note that although a record of peer review funding is one sign of academic success and recognition, it does not replace the ultimate goal of contribution to new medical knowledge through publications in high impact journals.** In general, candidates for promotion to Research Associate Professor will have published in the range of 20 to 25 peer-reviewed publications or the equivalent in peer-reviewed scholarship. It is expected that this work will consist predominantly of publications or scholarly works for which the faculty member is a

primary author as evidenced by contribution of twenty percent or more of the total effort of the work, or for which he or she is first or senior author. These publications and works should reflect original innovative scholarly work in the faculty member's field of expertise. It is further expected that at least 10 to 15 of these works will have been published since the faculty member's appointment to the rank of Research Assistant Professor.

#### 5ai. Promotion to Research Professor

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

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

### 6. Promotion of Associated Faculty

As noted in section IV4. Associated Faculty are only eligible for promotion at the time of reappointment.

**6a. Promotion to Adjunct Associate Professor and Adjunct Professor.** The relevant criteria for the promotion of adjunct faculty members shall be the same as those for the promotion of tenure-track faculty above.

**6b. Promotion to Associate Professor and Professor with FTE below 50%.** The relevant criteria for the promotion of associated faculty members with tenure-track titles are those for the promotion of tenure-track faculty above.

**6c. Promotion to Clinical Associate Professor and Clinical Professor .** The relevant criteria for the promotion of associated clinical faculty members shall be the same as those for the promotion of clinical faculty above.

**6d. Promotion to Senior Lecturer.** Lecturers may be promoted to senior lecturer if they meet the criteria for appointment at that rank as described in Section IV.A.5.

**6e. Promotion of Visiting Faculty.** Visiting faculty members are not eligible for promotion

### B. Promotion and Tenure and Promotion Reviews: Procedures

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

state the responsibilities of each party to the review process, apply to all faculty in the Department. Review of applications for promotion or tenure is performed by the Department's APT Committee. The APT committee represents the opinion of the faculty members and constitutes a voice separate from the Department Chair who formulates his or her own decision regarding the support of a faculty member's promotion.

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

- a. Report to the Department Chair the results of all faculty Appointments, Promotion and Tenure recommendations.
- b. Conduct regular individual faculty discussion of career progress and provide advice regarding the attainment of goals leading to appropriate promotion and career advancement. This may also involve review by the Appointment, Promotion, and Tenure Committee and should also include input by the appropriate Division Directors and the Department Chair.
- c. Discuss faculty concerns regarding Appointment, Promotion and Tenure recommendations and aid in resolution of these concerns on behalf of the Department and in accordance with Departmental, College, and Office of Academic Affairs guidelines.

## **1. Tenure-Track, Clinical and Research Faculty (for Associated Faculty, see Section IV.A.4)**

### **a Candidate Responsibilities**

Candidates for promotion and tenure or promotion are responsible for (1) submitting a complete, accurate dossier and (2) providing a copy of the APT under which they wish to be reviewed. If external evaluations are required, candidates are responsible for (3) reviewing the list of potential external evaluators compiled for their case according to departmental guidelines.

#### **i Dossier**

Every candidate must submit a complete and accurate dossier that follows the Office of Academic Affairs dossier outline. Candidates should not sign the Office of Academic Affairs Candidate Checklist without ascertaining that they have fully met the requirements set forth in the Office of Academic Affairs core dossier outline including, but not limited to, those highlighted on the checklist. It is highly recommended that faculty members consult the College's Dossier Standardization guidelines as well as the appropriate Departmental Dossier Coach for information about how and where to enter information into the core dossier in alignment with Departmental and College objectives.

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

The following paragraphs provide suggested standards for documenting excellence in Teaching, Scholarship, and Service.

## Teaching

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

All Tenure-Track and Clinical Faculty members in the Department must be engaged in teaching, development of the Department's and College's academic programs, and mentoring of students. Evidence of effective teaching must be demonstrated by documentation of teaching activities over a sustained period of time. The College's Office of Medical Education can provide assistance with appropriate documentation and assessment tools to be used in evaluation of teaching.

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

Typically, the time period for teaching documentation to be included in the dossier for probationary faculty is the start date to present. For tenured or nonprobationary faculty it is the date of last promotion or the last five years, whichever is less, to present.

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



- other relevant documentation of teaching as appropriate

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

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

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

### **Scholarship**

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

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

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

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

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

The time period for scholarship documentation to be included in the dossier for probationary faculty is the start date to present. For tenured or nonprobationary faculty it is the date of last

promotion to present. All scholarship outcomes will be reviewed for increasing independence over time. There should also be an increasing trajectory of significant scholarly outcomes over time.

### **Service**

Service is broadly defined to include administrative service to the University, exemplary patient care, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. In the Department, a faculty member's service contributions must be demonstrated to be of high quality and effectiveness. All Tenure-Track and Clinical Faculty members must contribute to service as evidenced by documentation of contributions over a sustained period of time. The Department's APT document specifically establishes how the evidence of a faculty member's service will be documented and assessed in terms of quality and effectiveness.

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

The time period for service documentation to be included in the dossier for probationary faculty is the start date to present. For tenured or nonprobationary faculty it is the date of last promotion to present.

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

### **ii Appointments, Promotion, and Tenure (APT) Document**

Candidates must also submit a copy of the APT under which they wish to be reviewed. Candidates may submit the department's current APT document; or, alternatively, they may elect to be reviewed under either (a) the APT document that was in effect on their start date, or (b) the APT document that was in effect on the date of their last promotion, whichever of these two latter documents is the more recent. However, the current APT document must be used if the letter of offer or last promotion, whichever is more recent, was more than 10 years before April 1 of the review year. The APT document must be submitted when the dossier is submitted to the department.

### **iii External Evaluations** (see also External evaluations below)

If external evaluations are required, candidates are responsible for reviewing the list of potential external evaluators developed according to departmental guidelines. The candidate may suggest contacting two of the names. The candidate may also request the removal of no more than two names, providing the reasons for the request. The Department Chair decides whether removal is justified.

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

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

#### **b. Appointments, Promotion and Tenure Committee Responsibilities**

The responsibilities of the APT Committee are as follows:

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually (in general December to January of the calendar year) the dossiers of faculty members whose names have been suggested by the Division Directors (at the request of the Department Chair) as those who may have achieved benchmarks for promotion. The Committee will conduct a pre-review of the potential candidates for promotion according to procedures the committee determines are most effective and appropriate. University Faculty Rule [3335-6-04](#) states "a faculty member may ask to be considered for non-mandatory promotion and tenure review or for promotion review at any time; however, the Department of Internal Medicine promotion and tenure committee may decline to put forth a faculty member for formal non-mandatory promotion and tenure review or promotion review if the candidate's accomplishments are judged not to warrant such review. Only professors on the committee may consider promotion review requests to the rank of professor. A simple majority of Committee members eligible to vote on a request must vote affirmatively for the review to proceed. The determination by the Committee is final.
  - The committee bases its decision on assessment of the record as presented in the faculty member's CV and on a determination of the availability of all required documentation for a full review (student and peer evaluations of teaching). Lack of the required documentation is necessary and sufficient grounds on which to deny a non-mandatory review.
  - A tenured 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.

- 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.
- A decision by the committee to permit a review to take place in no way commits the Department Chair or any other party to the review to making a positive recommendation during the review itself.
- All faculty members reviewed by the APT Committee will receive a written summary indicating the Committee’s decision. For those not recommended to proceed with their promotion application, the summary will include areas that require further achievement. For those recommended to proceed with their application, the summary will include areas to further emphasize or revise in their dossier. **NOTE: Addressing the areas listed in the summary does not assure that a faculty member will be recommended to proceed with promotion in the future or that a faculty member will be promoted in this or subsequent applications.**
- Annually, following the pre-review process the APT Committee will provide administrative support for the promotion and tenure review process as described below.
  - **Prior to the formal review for promotion:** The Committee will elect from among its members two procedure oversight designees (POD). (See Section III.B for more on the responsibilities of the PODs.) The PODs cannot serve as chair of the APT Committee.
  - **During this period the Committee will:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with Office of Academic Affairs requirements; and work with candidates to assure that needed revisions are made in the dossier before the formal review process begins.
  - Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on his or her dossier. This meeting is not an occasion to debate the candidate's record.
  - For the discussions and recommendations noted below, quorum will consist of 50% + 1 of the members from each track of the APT committee, at least one of whom must be the POD relevant to the case under review. Recommendations for or against promotion require a simple majority of the quorum present for the vote. Committee members may discuss and vote on promotion or tenure applications submitted by faculty from their own division.
  - Individual faculty members assigned by the committee chair as primary reviewers for a faculty promotion or tenure decision draft an analysis of the candidate's performance in teaching, scholarship and service and summarize the committee’s

discussion and vote. The committee chair will review and revise this draft as necessary before forwarding it to the Executive Vice Chair for Academic Affairs who will review this letter with the Department Chair and they will co-author a final recommendation letter regarding the promotion and/or tenure recommendation to the College.

- Provide a written response to any candidate comments that warrant response for inclusion in the dossier.
- Provide a written evaluation and recommendation to the Chair of Internal Medicine in the case of joint appointees from another tenure-initiating unit.

**c. Responsibilities of the Department Chair with the Assistance of the Executive Vice Chair for Academic Affairs:**

- To determine whether a candidate is authorized to work in the United States and whether a candidate now, or in the future, will require sponsorship for an employment visa or immigration status. (The department 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 department.
- To make the final selection of external evaluators and send electronic and/or written requests for an evaluation of the candidate’s qualifications for promotion. (Also see External Evaluations below.)
- To solicit an evaluation from a TIU head of any TIU in which the candidate has a joint appointment.
- To make each candidate's dossier available in an accessible place for review by the APT Committee at least two weeks before the meeting at which specific cases are to be discussed and voted.
- To provide an independent written evaluation and recommendation for each candidate, following receipt of the APT Committee’s completed evaluation and recommendation.
- To meet with the APT Committee to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the review process:
  - of the recommendations by the APT Committee and Department Chair
  - of the availability for review of the written evaluations by the APT Committee and Department Chair

- of the opportunity to submit written comments on the above material, within ten calendar days from receipt of the letter from the Department Chair, for inclusion in the dossier. The letter is accompanied by a form that the candidate returns to the Department Chair, indicating whether or not he or she expects to submit comments.
- To provide a written response to any candidate comments that warrant response for inclusion in the dossier.
- To forward the completed dossier to the college office by that office's deadline, except in the case of associated faculty for whom the Department Chair recommends against promotion. A negative recommendation by the Chair is final in such cases.
- To receive the APT Committee's written evaluation and recommendation of candidates who are joint appointees from other tenure-initiating units, and to forward this material, along with the Department Chair's independent written evaluation and recommendation, to the TIU head of the other tenure-initiating unit by the date requested.

## **2. External Evaluators**

For those faculty who are recommended to go forward with an application for promotion, the Division Director will collaborate with the candidate and provide the Department Chair names of at least ten external evaluators for each candidate in their Division. As noted above, the candidate should review the list and may suggest two of the ten evaluators but the Department is not required to use these reviewers. The faculty member may also request that up to two of reviewers suggested by the Division Director and Department Chair be removed from the list.

For Tenure-Track faculty, Research Faculty, Clinician Scholars and Clinician Educators these evaluators should be recognized leaders in their field at peer or better institutions and of higher rank than the candidate. For faculty on the Clinical Excellence Pathway, the evaluators may be selected based on a more regional or local recognition of the candidate based upon the candidate's area of emphasis. For Associated Faculty, evaluators will in general be local experts and physicians who can evaluate the candidate, and who know the candidate by reputation but do not maintain a close personal relationship with the candidate.

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

Faculty Rule [3335-6-04](#) requires that no more than half of the external evaluator letters in the final dossier, or at most two if only five letters are submitted, will be from evaluators suggested by the candidate. All letters received must be included in the dossier. There must be at least five external letters. If concerns arise about any of the letters received, these concerns may be addressed in the department's written evaluations or brought to the attention of the Office of Academic Affairs for advice.

There must be no significant personal or professional relationship between the candidate and the evaluators. If an external evaluator should initiate contact with the candidate regarding the review, the candidate must inform the evaluator that such communication is inappropriate and

report the occurrence to the Department Chair, who will decide what, if any, action is warranted (requesting permission from the Office of Academic Affairs to exclude that letter from the dossier). It is in the candidate's self-interest to assure that there is no ethical or procedural lapse, or the appearance of such a lapse, in the course of the review process.

## **VII. 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.

## **VIII. Seventh-Year Reviews**

Faculty Rule [3335-6-05](#) sets forth the conditions of and procedures for a Seventh-Year Review for a faculty member denied tenure as a result of a sixth-year (mandatory tenure) review.

## **IX. Procedures for Student and Peer Evaluation of Teaching**

### **A. Student Evaluation of Teaching**

Use of the Student Evaluation of Instruction (eSEI) or VITALS evaluations are required in every course offered in the Department of Internal Medicine

### **B. Peer Evaluation of Teaching**

All faculty members of the Department of Internal Medicine must obtain peer review of teaching on an annual basis. The faculty member may choose a colleague or a recognized education expert to observe an education activity. This may range from class room lectures, small group discussions, ward rounds, teaching in the clinic or other venues. Evaluations of lectures such as Grand Rounds, which are required for CME credit, may serve as peer-review of teaching. When a peer review expert or colleague performs the evaluation, written comments should be provided and the reviewer should meet with the faculty member to review strengths and areas for advancement in teaching methods. Faculty members may consult the Executive Vice Chair for Academic Affairs or the Vice Chair for Education for assistance in identifying those appropriate to perform peer review of teaching and for recommendations for appropriate tools for these reviews.

## **X. Appendices**

### **A. Glossary of Terms**

Adjunct Faculty – 0.1% FTE, non-salaried, non-clinical Associated Faculty who participate in the education and training of medical students in the College or research within a division. (See also Associated Faculty) Note: An Adjunct Appointment is not the same as a Courtesy Appointment.

APT – Appointments, Promotion and Tenure

APT Committee – the body of faculty that recommends to the Department Chair the rank of senior faculty hires and represents a voice of the eligible faculty separate from the Department Chair regarding faculty promotions and tenure. The APT Committee also performs a pre-review

of faculty members suggested as possible candidates for promotion or tenure and recommends for or against application for promotion or tenure based on this review.

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

Associated Faculty – these faculty fall into many sub-categories (See Clinical Associated Faculty, Adjunct Faculty, and Full-Time Paid Associated Faculty)

Clinical Associated Faculty – 0.1 FTE community physicians who participate in the education and training of medical students and residents. (See also Full-time Paid Associated Faculty)

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

Courtesy Appointment – a no-salary associated appointment for a Tenure-Track, Clinical Faculty or Research Faculty member from another academic department within the University or another division with the Department. The rank and track of the no-salary appointment is always the same as that held in the candidate's TIU.

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

Eligible faculty of the APT Committee – the faculty who are authorized to vote on appointment, promotion and tenure matters. These faculty must hold a rank at or above the candidate's proposed rank. Clinical Faculty and Research Faculty may not vote on Tenure -Track faculty matters.

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

Faculty tracks – the College has four tracks (Tenure-Track, Clinical Faculty, Research Faculty and Associated Faculty) with separate guidelines for appointment and promotion for each

FTE – Full-Time Equivalent, the percentage of time worked expressed as a decimal. Full-time is 1.0, half-time is 0.5, quarter-time is 0.25, and unpaid is 0.1.

Full-time Paid Associated Faculty – 0.5 – 1.0 FTE physicians working within (and being paid solely by) the OSU Health System. (See also Clinical Associated Faculty)

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

Mandatory review – a required 4th year (and 8th year for some) 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. MOUs are used during transfer of TIU and for joint appointments.



Non-mandatory review – voluntary promotion or tenure review requested by a faculty member

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 Faculty and Research Faculty review dates

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

Probationary period – the length of time in which a faculty member on the Tenure-Track has to achieve tenure (6 years for faculty without clinical service, 11 years for faculty with significant patient clinical service responsibilities). It is also defined as the first contract for faculty on the Clinical Faculty or Research Faculty.

Reappointment Review – the review of Clinical Faculty and Research Faculty in the penultimate year of their contract to determine if the contract will be renewed

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

Vita– the University’s online dossier and faculty information database (See <https://vita.osu.edu/>)

Rules of the University Faculty –[University Faculty Rules](#)

SEI – Student Evaluation of Instruction

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

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

TIU – Tenure Initiating Unit, usually synonymous with Department. Centers and Institutes are not Tenure Initiating Units

[University Faculty Rules](#) – The section of the Ohio Revised Code that prescribes the rules and governance of The Ohio State University and its employees

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

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

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

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

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

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

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

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