

**DEPARTMENT OF SURGERY**

**APPOINTMENTS,  
PROMOTION,  
AND TENURE**

DEPARTMENT OF SURGERY  
THE OHIO STATE UNIVERSITY  
COLUMBUS, OHIO  
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**Wexner  
Medical  
Center**

# APPOINTMENTS, PROMOTION AND TENURE

## Criteria and Procedures for the DEPARTMENT OF SURGERY

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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 [Policy and Procedures Handbook](#) and other policies and procedures of the college and university to which the department and its faculty are subject.

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

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

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

All individuals considered for appointment, reappointment, promotion and/or tenure within the Department of Surgery must have a record of excellence in teaching, research and scholarship, and service in accordance with the guidelines described in this document, and must also demonstrate conduct consistent with the Statement on Professional Ethics of the American Association of University Professors (1987).

The Department of Surgery endorses the University's recognition of the value of diverse contributions by individual faculty members toward the realization of the overall mission of the institution. For example, within the Tenure-Track there may be many different patterns of scholarly activity that reflect a range of faculty interests, skills, and accomplishments. These different patterns of performance may result in variation in emphasis between teaching, scholarship and service. Although faculty members may choose to place greater emphasis on certain aspects of scholarly activity, and less emphasis on others, the Department requires that the faculty member demonstrate excellence in all areas.

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

It follows that the purpose of promotion to a senior faculty position and achievement of tenure is to recognize individual contributions and to build and maintain a strong and diverse university and departmental faculty that will enrich our academic fabric. This document outlines the individual milestones for a faculty member to attain senior rank and tenure. It should be appreciated these

guidelines are semi-rigid and there will arise the need for flexibility in the application of the standards to ensure that non-traditional faculty who have made unique and substantial contributions in innovation, leadership, team science, education and clinical care be eligible for promotion and tenure.

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

## **II. Department Mission**

The Department of Surgery of the Ohio State University is dedicated to the achievement of excellence in education, research and clinical care in all of the various disciplines encompassed by the specialty.

The Department of Surgery is a participant in the education of medical students at all levels of the medical curriculum. It also educates medical school graduates in a General Surgery residency program, and in other residency and fellowship programs associated with the specialty. Graduates of these programs become eligible for certification by specialty boards and similar agencies. The Department instructs graduate students in the College of Medicine's masters and PhD level program and in other related disciplines. In addition, the department trains postdoctoral fellows in both basic and clinical science categories. The Department also conducts a variety of teaching programs for practicing physicians. From time to time members of the Department may also participate in educational projects for the general public.

The Department members, including both those with medical and non-medical doctoral degrees, conduct basic, translational and clinical research. Laboratories associated with the Department are active in the instruction of pre-medical students, medical students, residents, postdoctoral fellows and graduate students in research methodology and technique. Departmental research is supported by both internal and external funding. Department members are engaged in collaborative projects with researchers in other departments of the University and outside of the University. The results of these various efforts are presented at various scientific meetings and symposia, and they are published in books, journals and other media.

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

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

The Department performs reassessments of the effectiveness of its efforts in teaching, research and service. A comprehensive evaluation is performed and published as the Department of Surgery Annual Report.

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

### **III. Definitions**

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

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

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

#### **1. Tenure-Track Faculty**

##### **Initial Appointment Reviews**

For an appointment (hiring or appointment change from another faculty type) review at senior rank (associate professor or professor), the eligible faculty consists of all tenure-track faculty in the department. A vote on the appropriateness of the proposed rank must be cast by all tenured faculty of equal or higher rank than the position requested.

##### **Reappointment, Promotion, or Promotion and Tenure Reviews**

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

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

#### **2. Clinical Faculty**

##### **Initial Appointment Reviews**

For an appointment (hiring or appointment change from another faculty type) review at senior rank (clinical associate professor or professor), the eligible faculty consists of all tenure-track and all clinical faculty in the department. A vote on the appropriateness of the proposed rank must be cast by all tenured faculty of equal or higher rank than the position requested, and all nonprobationary clinical faculty of equal or higher rank than the position requested.

##### **Reappointment, Contract Renewal, or Promotion Reviews**

For the reappointment, contract renewal, and promotion reviews of clinical assistant professors, the eligible faculty consists of all tenured associate professors and professors, and all nonprobationary clinical associate professors and professors.

For the reappointment, contract renewal, and promotion reviews of clinical associate professors, and the reappointment and contract renewal reviews of clinical professors, the eligible faculty consists of all tenured professors, and all nonprobationary clinical professors.

### **3. Research Faculty**

#### **Initial Appointment Reviews**

For an appointment (hiring or appointment change from another faculty type) review at senior rank (research associate professor or research professor), the eligible faculty consists of all tenure-track, all clinical faculty, and all research faculty in the department. A vote on the appropriateness of the proposed rank must be cast by all tenured faculty of equal or higher rank than the position requested and all nonprobationary clinical and research faculty of equal or higher rank than the position requested.

#### **Reappointment, Contract Renewal, or Promotion Reviews**

For the reappointment and contract renewal reviews of research assistant professors, the eligible faculty consists of all tenured associate professors and professors and all nonprobationary clinical and research associate professors and professors.

For the reappointment and contract renewal reviews of research associate professors and the reappointment and contract renewal reviews of research professors, the eligible faculty consists of all tenured professors and all nonprobationary clinical and research professors.

For the promotion of research professors, the eligible faculty consists of all tenured faculty of higher rank than the candidate and all non-probationary Research Faculty.

### **4. Associated Faculty**

#### **Initial Appointment and Reappointment Reviews**

Appointment and reappointment of associated faculty may be proposed by any faculty member in the Department and are decided by the Department chair. For appointment (hiring or appointment change from another faculty type) at senior rank (associate professor or professor), a review is performed and a vote cast by all tenured faculty of equal or higher rank than the position requested and all non-probationary clinical and research faculty of equal or higher rank than the position requested.

#### **Promotion Reviews**

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

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

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

The promotion of a lecturer to senior lecturer is decided by the department chair in consultation with the appropriate vice chair.

## **5 Conflict of Interest**

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

## **6. Minimum Composition**

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

### **B. Appointment, Promotion and Tenure Committee**

The Department has an Appointment, Promotion and Tenure Committee that assists the Committee of the Eligible Faculty in managing the personnel and promotion and tenure issues. The committee is comprised of Professors only (at least one of these members shall be a representative of the clinical faculty at the Professor level). The committee's chair and membership are appointed by the department chair with the concurrence of the Executive Committee. The term of service is three years, with reappointment possible. The chair of the Appointment, Promotion and Tenure Committee will also serve as the chair of the Committee of the Eligible Faculty.

When considering cases involving Clinical Faculty the Appointment, Promotion and Tenure Committee may be augmented by one additional non-probationary Clinical Faculty member(s) at the Associate Professor or Professor level.

When considering cases involving Research Faculty the Appointment, Promotion and Tenure Committee may be augmented by one non-probationary research faculty member at the Associate Professor or Professor level.

### **C. Quorum**

The quorum required to discuss and vote on all personnel decisions is simple majority of the eligible faculty not on an approved leave of absence. Faculty on approved leave are not considered for quorum unless they declare, in advance and in writing, their intent to participate in all proceedings for which they are eligible during the leave. A member of the eligible faculty on Special Assignment may be excluded from the count for the purposes of determining quorum only if the department chair has approved an off-campus assignment. Faculty members who recuse themselves because of a conflict of interest are not counted when determining quorum.

### **D. Recommendation from the Committee of the Eligible Faculty**

In all votes taken on personnel matters only "yes" and "no" votes are counted. Abstentions are not votes. 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.

### **1. Appointment**

A positive recommendation from the eligible faculty for appointment is secured when the majority of the votes cast are positive.

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

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

A positive recommendation from the eligible faculty for reappointment, promotion and tenure, promotion, and contract renewal is secured when a simple majority of the votes cast are positive.

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

## **IV. Appointments**

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

### **A. Criteria**

#### **1. Tenure-Track Faculty**

The Tenure-Track exists for those faculty members who primarily strive to achieve sustained evidence of excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for extramural funding such as that provided by the National Institutes of Health or similar agencies including industry. This may include participation as a co-investigator if the faculty member is a .5 clinical FTE or greater. Although excellence in teaching and outstanding service to The Ohio State University is required, these alone are not sufficient for progress on this track.

Faculty appointed on the Tenure-Track must have the potential for excellence in all three critical areas: teaching, scholarship and service. In addition, faculty members are encouraged to develop programs which reflect the integration of teaching, service and research in a specific content area. Appointments to this track are made in accordance with University Rule [3335-6-02](#). Each new appointment must enhance, or have strong

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

All appointments in the Department of Surgery at the level of Assistant Professor shall entail a probationary period. In general, appointments at higher rank shall not entail a probationary period unless there are compelling reasons not to offer tenure.

An appointment to the rank of Instructor or Assistant Professor in the Tenure-Track is always probationary, and tenure will not be awarded at this rank. The maximum probationary period will be dependent upon whether the faculty member has patient clinical service responsibilities as determined by the Department Chair in consultation with the College of Medicine.

For faculty members with patient clinical service responsibility, the probationary period for an Assistant Professor may not exceed 11 years (including prior service credit). An Assistant Professor is reviewed for promotion and tenure no later than the eleventh year of appointment as an Assistant Professor, and informed by the end of the eleventh year as to whether promotion and tenure will be granted at the beginning of the twelfth year. For individuals not recommended for promotion and tenure after the mandatory review, a twelfth and final year of employment will be offered.

For faculty members without patient clinical service responsibility, the maximum probationary period will be six years. An Assistant Professor is reviewed for promotion and tenure no later than the sixth year of appointment as an Assistant Professor, and informed by the end of that year as to whether promotion and tenure will be granted at the beginning of the seventh year. For individuals not recommended for promotion and tenure after the mandatory review, a seventh and final year of employment will be offered. It is anticipated that not all faculty members will require the full probationary period, and that, consistent with University Rule 3335-6-03(B2), promotion and tenure may be granted at any time during the probationary period if the faculty member's record of achievement merits tenure and promotion. Similarly, a probationary period may be terminated at any time, subject to the notice provisions of University Rule 3335-6-08 and the provisions of paragraphs (G), (H), and (I) of this rule. In all circumstances, annual review and fourth year review procedures, as specified in University Rule 3335-6-03(C), will be followed.

For each appointment, the projected schedule of promotion and tenure reviews will be stipulated in the letter of offer.

University promotion and tenure policies and criteria are modified on occasion. If these documents are revised during the probationary period, probationary Tenure-Track faculty members will be provided with copies of the revised documents.

In this section, criteria for appointment in the Tenure-Track at the rank of Instructor and Assistant Professor will be outlined in detail. Appointments at higher ranks shall be based upon fulfilling the same criteria described in section VI A and VI B which relate to promotion to the rank of Associate Professor and Professor in the Tenure-Track.

### **Appointment: Instructor of Surgery on the Tenure-Track**

Under certain circumstances, the Department may choose to appoint a new faculty member at the **Instructor** level. This title is appropriate for individuals who embody most of the characteristics listed below under Assistant Professor, but have not completed the terminal degree or other relevant training (e.g. residency or fellowship) at the time of appointment. In select circumstances, individuals who are eligible but have not achieved board certification may be appointed as an instructor.

In addition, the Department may choose to make an appointment at the Instructor level in order to give an individual the opportunity to gain the requisite skills or experience to fully qualify for the Assistant Professor title. 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. Promotion to assistant professor occurs without review the semester following completion of the required credentialing. 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 eligible faculty, the department chair, the Dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate since prior service credit cannot be revoked without a formal request for an extension of the probationary period. In addition all probationary faculty members have the option to be considered for early promotion.

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

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

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

**Appointment: Assistant Professor of Surgery on the Tenure-Track**

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

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

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

(For appointment to the Assistant Professor level, the individual should have at least achieved accomplishment #1.)

Teaching (Ph.D.)

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

(For appointment to the Assistant Professor level, the individual should have at least achieved accomplishment #1.)

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

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

(For appointment to the Assistant Professor level, the individual should have at least achieved accomplishment #1 or #2 and #3).

Research and Scholarship (Ph.D.)

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. A commitment to seek peer-reviewed funding from federal, professional or other sources including industry.

4. Receipt of Peer-reviewed research funding from federal, professional or academic sources.
5. Initial development of reputation for specific area of research or scholarship.
6. Authorship of books, book chapters or other scholarly materials.

(For appointment to the Assistant Professor level, the individual should have at least achieved accomplishment #1 or #2 and # 3.)

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

1. Attainment of the M.D. degree (or suitable equivalent)
2. Satisfactory completion of residency training in an area appropriate to the appointment.
3. Evidence during residency training or prior employment of a high level of clinical competence.
4. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
5. Qualifications necessary for attainment of appropriate licensure and medical staff appointment(s).

(For appointment to the Assistant Professor level, the individual should have achieved accomplishments 1 through 5).

Service (Ph.D.)

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

(For appointment to the Assistant Professor level, the individual should have achieved accomplishments 1 through 4).

**Appointment: Associate Professor of Surgery on the Tenure-Track**

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

**Appointment: Professor of Surgery on the Tenure-Track**

Criteria for **initial appointment** to the rank of Professor with tenure are identical to the Department's criteria for **promotion** to Professor with tenure, as detailed in section VI.A.3 of this document.

**Appointment: Associate Professor or Professor without Tenure on the Tenure-Track**

While appointments to the rank of Associate Professor or Professor generally include tenure, a probationary period may be granted after petition to the Office of Academic Affairs. The Department must exercise care in making these appointments, especially if

the probationary period will be less than four years. For faculty without patient clinical service responsibilities the probationary period may not exceed four years. For faculty with patient clinical service responsibility, the probationary period may not exceed six years. Requests for such appointments require the approval of the Dean of the College of Medicine, and the Executive Vice President and Provost.

An appointment to the rank of Associate Professor without tenure is probationary, consistent with the provisions of Section V.A [Annual Performance and Merit Review Procedures] of this document. During a probationary period a faculty member does not have tenure and is considered for reappointment annually.

**Criteria for initial appointment to the rank of Associate Professor without tenure are identical to the Department's criteria for promotion to Associate Professor without Tenure, as detailed in Section VI.A.2 of this document.**

## **2. Clinical Faculty**

The Clinical Faculty is equivalent in importance to the College of Medicine as the Tenure-Track. The Clinical Faculty exists for those faculty members whose principal career focus is outstanding teaching, clinical and translational research and delivery of exemplary clinical care. Clinical Faculty members will generally not have sufficient protected time to meet the robust scholarship requirements of the Tenure-Track within a defined probationary period. For this reason, the nature of scholarship in the Clinical Faculty differs from that in the Tenure-Track and may be focused on a mixture of academic pursuits including the scholarship of practice, integration, education, as well as new knowledge discovery. Clinical Faculty members may choose to distinguish themselves in teaching, innovative pedagogic program development, or patient-oriented research. Clinical Faculty members may choose to distinguish themselves through several portfolios of responsibility including Clinician-Educator, Clinician-Scholar, and Clinical Excellence pathways. These reflect 1) pedagogic excellence as measured by teaching evaluations and innovative teaching practices, modules and publications; and 2) 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. Clinical Faculty members are not eligible for tenure and may not participate in promotion and tenure matters of Tenure-Track faculty.

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

The initial contract for all clinical faculty members must be for a period of five years. The initial contract is probationary, with reappointment considered annually. Second and subsequent contracts for clinical assistant and associate professors must be for a period of at least three years and for no more than five years. Second and subsequent contracts for clinical professors must be for a period of at least three years and no more than eight years. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended. In the event that

a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of the contract may be renegotiated at the time of reappointment. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges. The following paragraphs will outline the basic criteria for initial appointments of Clinical Faculty.

In this section, criteria for initial appointment in the Clinical Faculty at the rank of Assistant Professor will be outlined in detail. Appointments at higher ranks shall be based upon fulfilling the same criteria described in section VI which relate to promotion to the rank of Associate Professor and Professor in the Clinical Faculty.

#### **Appointment: Instructor on the Clinical Faculty**

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

When an individual is appointed as an instructor, the letter of offer should indicate the specific benchmarks and accomplishments that will be necessary for promotion to assistant professor.

Instructor appointments are limited to three years, with the third year being the terminal year. When an instructor meets the criteria for promotion to assistant professor on the clinical faculty, a new letter of offer with a probationary period of three to five years will be issued.

In the event the instructor has not completed requirements for promotion to the rank of assistant professor by the end of the penultimate year of the contract period, a new contract will not be considered.

Candidates for appointment to the rank of instructor on the clinical faculty will have, at a minimum:

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

#### **Appointment: Assistant Professor of Surgery on the Clinical Faculty**

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

Teaching (MD, DO or equivalent)

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

(For appointment to the Assistant Professor level, the individual should have at least achieved accomplishment #1).

Research and Scholarship (MD, DO or equivalent)

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

(For appointment to the Assistant Professor level, the individual should have at least achieved accomplishment #1 or #2).

Service (MD, DO or equivalent)

1. Attainment of the M.D. degree (or suitable equivalent).
2. Satisfactory completion of residency training in an area appropriate to the appointment.
3. Evidence during residency training or prior employment of a high level of clinical competence.
4. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
5. Qualifications necessary for attainment of appropriate licensure and medical staff appointment(s).

(For appointment to the Assistant Professor level, the individual should have achieved accomplishments 1 through 5).

**Appointment: Associate Professor of Surgery on the Clinical Faculty**

Criteria for **initial appointment** to the rank of Associate Professor of Clinical Surgery are identical to the Department's criteria for **promotion** to Associate Professor in the Clinical Faculty, as detailed in Section VI.A.4 of this document.

**Appointment: Professor of Surgery on the Clinical Faculty**

Criteria for **initial appointment** to the rank of Professor of Clinical Surgery are identical to the Department's criteria for **promotion** to Professor in the Clinical Faculty, as detailed in section VI.A.4 of this document

**3. Research Faculty**

The Research Faculty exists for faculty members who focus principally on scholarship and research education. Notably, the standards for scholarly achievement are comparable to those for individuals on the Tenure-Track for each faculty rank. A Research Faculty



member may, but is not required to, participate in limited educational and service activities. Research training of undergraduates and postgraduate students counts as educational and service activity. Research Faculty members are expected to contribute to the Department's research mission and are expected to demonstrate excellence in scholarship as reflected by high quality peer-reviewed publications and successful competition for extramural funding.

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

Contracts will be for a period of at least one year and for no more than five years, and must explicitly state the expectations for salary support. In general, research faculty appointments will require one hundred per cent salary recovery. It is expected that salary recovery will be derived from extramural funds. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year as to whether 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 are eligible to serve on Department/University committees and task forces but not on Department/University governance committees, except for the Appointment, Promotion and Tenure Committee for research faculty. Research faculty also are eligible to advise and supervise graduate and postdoctoral students and to be a principal investigator on extramural research grant applications. Approval to advise and supervise graduate students must be obtained from the graduate school as detailed in Section 12 of the Graduate School Handbook.

### **Appointment: Assistant Professor on the Research Faculty**

A candidate for appointment to the Research Faculty should have a demonstrated record of research expertise at a local or regional level.

The following will constitute characteristics of individuals worthy of appointment as Research Assistant Professor in the areas of teaching, research and service.

#### Teaching

1. No requirements

#### Research and Scholarship

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. Commitment to seek peer-reviewed research funding ideally from federal, professional, or academic sources. Industry funding is acceptable.
4. Receipt of peer-reviewed research funding from federal, professional or academic sources.
5. Initial development of reputation for specific area of research or scholarship.

6. Authorship of books, book chapters or other scholarly materials.

(For appointment to the research Assistant Professor level, the individual should have at least achieved accomplishment #1 or #2 and 3.)

#### Service

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

(For appointment to the research Assistant Professor level, the individual should have achieved accomplishments 1 through 4.)

#### **Appointment: Associate Professor on the Research Faculty**

The criteria for **initial appointment** to the rank of Associate Professor on the Research Faculty are identical to those criteria for **promotion** to this rank as outlined in Section VI.A.5 of this document.

#### **Appointment: Professor on the Research Faculty**

The criteria for **initial appointment** to the rank of Professor on the Research Faculty are identical to those criteria for **promotion** to this rank as outlined in Section VI.A.5 of this document.

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

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

#### **Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor.**

Adjunct appointments are uncompensated and are given to individuals who volunteer academic service to the department for which a faculty title is appropriate and/or required. Examples of such service could include but are not limited to serving on graduate student committees or teaching and evaluating medical students. Criteria for appointment at advanced rank are the same as for promotion. Adjunct faculty members are eligible for promotion (but not tenure).

#### **Instructor - Practice, Assistant Professor - Practice, Associate Professor - Practice, Professor - Practice.**

Practice associated faculty appointments may be compensated or uncompensated. Uncompensated appointments are given to individuals who volunteer uncompensated academic service to a TIU, for which a faculty title is appropriate. Compensated appointments are given to full time clinicians who are not appointed to the clinical or tenure track faculty.

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

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

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

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

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

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

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

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

faculty responsibilities.

- Have significant and meaningful interaction in at least one of the following mission areas of the College of Medicine:
  - a) Teaching of medical students, residents, clinical fellows, undergraduate and graduate students and postdoctoral fellows: For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.
  - b) Research: These faculty members may collaborate with a TIU or Division in the College in research projects or other scholarly activities.
  - c) Service to the department or the College: This includes participation in committees or other leadership activities (e.g., membership in the Medical Student Admissions Committee).

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

Associated faculty may be compensated or uncompensated, and typically provide service to the College in the areas of research, clinical care, or education. For compensated or uncompensated faculty who are principally focused on patient care, the appointment at advanced rank criteria and procedures will be identical to those for the clinical excellence pathway. For compensated or uncompensated faculty who contribute principally through educational activities or scholarship, the appointment at advanced rank criteria and procedures will be identical to those for the clinician-educator pathway.

### **5. Emeritus Faculty**

Emeritus faculty status is an honor given in recognition of sustained academic contributions to the university as described in Faculty Rule [3335-5-36](#). Full-time tenure track, clinical/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 department chair outlining academic performance and citizenship. The Committee of Eligible Faculty (tenured and nonprobationary clinical associate professors and professors) will review the application and make a recommendation to the chair. The chair will decide upon the request, and if appropriate submit it to the dean. If the faculty member requesting emeritus status has, in the 10 years prior to the application, engaged in serious dishonorable conduct in violation of law, rule, or policy and/or caused harm to the university's reputation or is retiring pending a procedure according to Faculty Rule [3335-5-04](#), emeritus status will not be considered.

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**

The Department of Surgery may grant courtesy appointments to faculty members whose primary activity falls within the purview of another College or University department. A faculty member who is granted such an appointment must possess the credentials and skills which will have the potential to enhance the mission of the Department of Surgery in teaching, research and/or service. Continued appointment in a courtesy capacity requires evidence of substantial ongoing contributions to the Department of Surgery, commensurate with the faculty rank determined by the primary department. As long as the faculty member remains active with their contributions to the Department of Surgery and is in good standing within their own primary department, they will retain their courtesy appointment. Any changes to status will be addressed by the Department Chair and/or AP&T Committee. Such appointments shall require approval from the primary department for the initial appointment and for promotion. The faculty rank in the Department of Surgery shall be identical to that held in the tenure initiating unit. Such appointments shall entail no salary from the Department of Surgery and are available to Tenure-Track and Clinical faculty members.

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

All searches in the Department of Surgery must conform to the following guidelines:

- All searches should be conducted in accordance with the guidelines of The Ohio State University and the College of Medicine.
- Searches must be undertaken only after an assessment of need, and may begin only after the approval of the Department Chair has been obtained. Searches should be specific for either the Tenure-Track, clinical faculty, or research faculty.
- Searches should be structured with specific job descriptions and carefully-outlined expectations.
- All searches should proceed following selection of an appropriate search committee. There must be substantial faculty involvement in the search.
- A vigorous effort must be made to ensure a diverse pool of highly qualified candidates.
- Decision will be free of discrimination in accordance with the University's policy on equal opportunity: "Ohio State does not discriminate on the basis of age, ancestry, color, disability, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or protected veteran status, or any other bases under the law, in its activities, academic programs, admission, and employment."

A draft letter of offer to a faculty candidate must be approved by the Office of Faculty Affairs in the College of Medicine. The draft letter of offer will be reviewed for consistency with the essential components required by the Office of Academic Affairs [Policies and Procedures Handbook](#), and by the College.

Candidates should be provided with information regarding the programmatic goals of the Department of Surgery and Pattern of Administration of the Department and of the University practice entity prior to their visit. Searches at the Associate Professor, Professor, or chair level should be made only for candidates who match very specific needs of the Department (and division). The structure of the search committees at these levels should be more carefully tailored to the specifics of these solicitations. All search committees must include at least one member of the specific division and at least one faculty member from another Department. Appointments at a senior level (Associate Professor and above) require a vote of the eligible faculty and external letters of evaluation.

All offers at the Associate Professor and Professor ranks, with or without tenure, and all offers of prior service credit require the prior approval of the Dean and the Office of Academic Affairs.

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

### **1. Tenure-Track Faculty**

A national search is required to ensure a diverse pool of highly qualified candidates for all Tenure-Track positions. Exceptions to this policy must be requested in advance from the college and the Office of Academic Affairs. Search procedures must be consistent with the OAA [Policy on Faculty Recruitment and Selection](#). Searches for tenure-track faculty proceed as follows:

The Dean of the College provides approval for the Department to commence a search process. The Department Chair or the individual who has commissioned the search appoints a search committee, usually consisting of three or more faculty members who reflect the field of expertise that is the focus of the search, as well as other fields within the Department.

Prior to any search, members of all search committees must undergo inclusive hiring practices training available through 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.
- Develops a search announcement for internal posting in the University Personnel 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.
- Screens applications and letters of recommendation and presents its findings to the Department Chair.

On-campus or virtual interviews are arranged by the search committee chair. Interviews with candidates must include opportunities for interaction with faculty groups, including the search committee; graduate students or residents, where appropriate; the Department Chair; and the Dean or designee. In addition, it is recommended that all candidates make a presentation to the faculty, students and/or residents on their scholarly activity.

Following completion of on-campus or virtual interviews, the Search Committee presents its findings and makes its recommendations to the Department Chair or the individual who has commissioned the search.

If the offer involves senior rank, the eligible faculty members vote on the appropriateness of the proposed rank. If the offer may involve prior service credit, the eligible faculty members also vote on the appropriateness of such credit. The eligible faculty reports a recommendation on the appropriateness of the proposed rank or the appropriateness of prior service credit to the Department Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment.

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 (1) a 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 TIU will therefore be cautious in making such appointments and vigilant in seeking residency status for the appointee promptly and diligently.

## **2. Clinical Faculty**

Searches for Clinical Faculty should be undertaken with adherence to the general guidelines described above, except that exemption from conducting a national search can be obtained from the College of Medicine (OAA approval is not needed). Individuals with a clear commitment to service and teaching should be selected. The composition of the search committees shall be comparable to those for tenure-track faculty.

## **3. Research Faculty**

Searches for Research Faculty should be undertaken with adherence to the general guidelines described above for Tenure-Track faculty, except that exemption from conducting a national search can be obtained from the College of Medicine (OAA approval is not needed). Individuals with a clear and focused commitment to research, publication and grantsmanship should be selected. Prior evidence of the commitments is

strongly encouraged. Interest in teaching and service are secondary considerations. The composition of the search committees shall be comparable to those for Tenure-Track faculty.

#### **4. Track Transfers**

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

Transfers should be considered the exception rather than the norm and are permitted only under the strict guidelines detailed in the paragraphs below, per University Rules 3335-7-09 and 3335-7-10. Furthermore, transfer of an individual to a faculty title with more limited expectations for scholarship, may not be used as a 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**

If faculty members' activities become more aligned with the criteria for appointment to the Clinical Faculty, they may request a transfer. The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed. A transfer request must be approved by the Department Chair, Dean, and Executive Vice President and Provost. The first appointment to the clinical faculty is probationary; and tenure, or the possibility thereof, is revoked.

##### **Transfer: Tenure-Track to Research Faculty**

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

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

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

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

The appointment, review, and reappointment of all compensated associated faculty are decided by the Department Chair in consultation with the appropriate Vice Chair.



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 Appointment, Promotion and Tenure Committee.

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

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

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

Courtesy appointments (0%FTE) for faculty with appointments in other departments should be suggested only when criteria described in section IV have been clearly met. These appointments will not require a formalized search process and should be made only upon recommendation of the division chief (if applicable) with the approval of the Appointment, Promotion and Tenure Committee and the Chair. As long as the faculty member remains active with their contributions to the Department of Surgery and is in good standing within their own primary department, they will retain their courtesy appointment. Any changes to status will be addressed by the Department Chair and/or AP&T Committee.

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

The Department Chair or his or her designee must conduct an annual review of **every** faculty member, irrespective of rank, in accordance with University Rule [3335-3-35](#) and in accordance with the requirements for annual reviews 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. According to the policy, the purposes of the review are to:

- Assist faculty in improving professional productivity through candid and constructive feedback and through the establishment of professional development plans;
- Establish the goals against which a faculty member's performance will be assessed in the foreseeable future; and
- Document faculty performance in the achievement of stated goals in order to determine salary increases and other resource allocations, progress toward promotion, and, in the event of poor performance, the need for remedial steps.

The only exception to this guideline is that Courtesy appointments do not require formal annual review, but continuation of the appointment should reflect ongoing academic involvement as described in the Office of Academic Affairs [Policies and Procedures Handbook](#) Volume 1, Chapter 1: 2.3.1.7.

### **Procedures for Tenure-Track, Clinical Faculty, Research Faculty, and Full-Time Paid Associated Faculty**

The faculty member must maintain an up-to-date OAA approved dossier profile and/or keep a recent curriculum vitae on record with the Department. The Department Chair or his or her designee Vice-Chair

or Division Chief will supply each faculty member with a written evaluation of his or her performance, in narrative format. The review will include not only an evaluation of all aspects of the faculty member's performance, but also recommendations for improvement and goals for the following year. Annual reviews must include a scheduled face-to-face meeting with Chair or his or her designee Vice-Chair or Division Chief. If the Chair's designee Vice-Chair or Division Chief conducts the annual review, there must be a mechanism for informing the Chair of the faculty member's performance. The Chair is required (per Faculty Rule [3335-3-35](#)) to include a reminder in the annual review letter that all faculty have the right (per Faculty Rule [3335-5-04](#)) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.

#### **A. Documentation**

For their annual performance and merit review, faculty members must submit the following documents to the department chair 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*)
- 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.

Documents required for Annual Review will focus on teaching, research and service similar to the requirements for promotion and tenure considerations, as detailed in Section VI below. Performance in clinical practice will also be evaluated during this annual review

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

As part of the annual review process, the faculty member's completed file will be reviewed by the Chair or his/her designee Vice-Chair or Division Chief. It will be evaluated to determine if the faculty member has met or exceeded the minimal standards of academic performance for the Department of Surgery, as outlined in the Faculty Workload Guidelines (available in the Department of Surgery [Pattern of Administration](#)). The Chair, designee Vice-Chair or Division Chief will provide a written appraisal of the faculty member's performance which directly addresses the quality and amount of achievement in each of the categories of information in the file. This evaluation will define strengths and weaknesses of faculty member performance, and it will provide recommendations for the ensuing year. Progress toward recommendations from the previous year should be discussed. A final statement should provide an overall evaluation of the faculty member's performance, describe the faculty member's suitability for his/her chosen academic faculty and potential for future promotion/tenure, and make a recommendation regarding reappointment for the following academic year. The statement and recommendations will be presented to the faculty member for review, and a formal, face-to-face meeting will be scheduled for discussion of the review.

If the department chair recommends renewal of the appointment, this recommendation is final. The chair's annual review letter to the faculty member renews the probationary appointment for another year.

The faculty member may respond in writing to issues raised during the annual review. All review letters and written faculty responses shall become a permanent part of the faculty member's dossier, and will be considered during subsequent annual reviews, including the review for promotion and tenure. At the completion of the review, the chair will provide the Dean of the College with a copy of the written evaluation of the faculty member's performance and professional development, and the indication of whether the faculty member will be reappointed for the next year.

If the Chair concludes that nonrenewal of the appointment should be considered, fourth year review procedures (per Faculty Rule [3335-6-03](#); also see details below) must be followed (even if this is not a fourth or eighth year review). The full eligible faculty must vote on the matter, and if the Chair recommends nonrenewal, the comments process must be undertaken and then the case forwarded to the Dean for college level review. The Dean shall make the final decision in the matter.

If, during an annual review process, it becomes apparent that the candidate could stand for promotion consideration, the candidate will be informed of this recommendation by the Promotion and Tenure Committee or the Department Chair. The candidate may then initiate effort to seek promotion if desired.

### **1. Fourth-Year Review**

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

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

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

When the Department Chair and Dean agree on a positive decision to continue the probationary appointment, review by the College Promotion and Tenure Committee is not required.

If the Department Chair recommends nonrenewal of a faculty member's probationary contract, subject to the standards of notice per University Rule [3335-6-08](#), the College Promotion and Tenure Committee is required to review the case and vote. This result is presented to the Dean, who makes the final decision.

If the Department Chair recommends renewal of a faculty member's probationary contract, but the Dean recommends nonrenewal, 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.

In all cases, the Dean will confer with the Chair before making a final decision and will inform the faculty in writing if the decision is in disagreement with theirs. In all cases, however, the Dean makes the final decision.

## **2. Eighth Year Review**

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

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

University guidelines for Exclusion of Time from Probationary Period are specified in University 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**

The Chair of the Department of Surgery designates the responsibility for the annual reviews of associate professors to Division Directors. Each Division Director conducts an independent assessment; meets with the faculty member to discuss their performance and future plans and goals; and prepares a written evaluation on these topics. The faculty member may provide written comments on the review. This written performance review is then forwarded to the Chair along with comments on the faculty member's progress toward promotion. The Chair has full accountability and signs off on the annual review process. Each faculty member is also given the opportunity to meet directly with the Chair about their review.

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

If a professor has an administrative role, the impact of that role and other assignments will be considered in the annual review. The Chair or their designee prepares a written evaluation of performance against these expectations. The faculty member may provide written comments on the review.

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

The annual review process for clinical probationary and non-probationary faculty is identical to that for tenure track probationary and tenured faculty respectively. Accountability for the annual review process resides with the Chair.

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

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

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

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

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

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

Compensated associated faculty members on a multiple year appointment (or hired annually for multiple years) are reviewed annually by the Chair or designee. The Chair or designee prepares a written evaluation and meets with the faculty member to discuss their performance, future plans, and goals. The Chair will decide whether or not to reappoint. The Chair's recommendation on reappointment is final.

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

#### **G. Salary Recommendations**

The Chair will make annual salary recommendations to the dean, who may modify them. The recommendations are based on the current annual performance and merit review as well as on the performance and merit reviews of the preceding 24 months. For clinicians, salary recommendations are under the auspices of the College of Medicine Compensation Plan.

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

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

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

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

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

Outlined below are the Department of Surgery's formal criteria for academic advancement, including promotion on each faculty track and awarding of tenure.

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

Although 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 and College of Medicine 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. The Department will evaluate these behaviors by assessing an individual's conformance with the ["Statement of Professional Ethics"](#) of the American Association of University Professors.

## A. Criteria

### 1. Promotion to Associate Professor with Tenure

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

The awarding of tenure is a prediction of ongoing preeminence and achievement throughout the professional life of the faculty member. 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 clear and sustained 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 Department, the College and the University is required, but alone is not sufficient for promotion and awarding of tenure. These three key achievements: scholarship, teaching and service, are individually discussed below.

Teaching: 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 supportive of teaching excellence. A faculty member may also demonstrate 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 impactful, innovative programs that integrate teaching, research and patient care are valued.

Teaching excellence may 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 is highly valued as a teaching and mentoring activity.

Research and Scholarship: Demonstration of national recognition and impact for a thematic independent program of scholarship is an essential requirement for promotion to associate professor and the award of tenure. Independence must be reflected in the record of scholarship, e.g. reflected by dissemination of new knowledge evidenced by publications and extramural funding. Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. While individual circumstances may vary, both the quantity and quality of publications should be considered. Metrics that are useful in assessing a candidate's record of scholarship include but are not limited to the total number of publications since their appointment as an assistant professor, the number of citations of their publications, the trajectory of the publication and/or citation record, the relative proportion of first/senior authorships. The

impact factor of a journal may or may not reflect the quality of the scholarship. For example, in some areas of research the best journal in that area may have a relatively low impact factor but maybe highly cited. Conversely, publication in journals with a very high impact factors is a reflection of broader interest, but does not in and of itself demonstrate the impact of research. Impact may be demonstrated through non-traditional metrics. This can include but is not limited to social media penetration, blog subscription, Altmetrics score, non-academic invited presentations, or collaborations that advance the mission of the university or the field, and interviews by reputable national media outlets on scholarly topics, however, this does not in and of itself demonstrate the impact of research.

A sustained record of scholarly productivity, reflected by both quality and quantity, as an assistant professor is required for promotion to the rank of associate professor. Candidates for promotion to associate professor should ideally have 15-25 peer-reviewed publications since their appointment as an assistant professor. It is expected that the pattern of scholarship will include an increasing proportion of publications as first, senior or corresponding author. Specific metrics in support of excellence in scholarship may be discipline-specific and may be adjusted based on the overall pattern of responsibilities. For example, clinician investigators will have less time available for research than non-clinician investigators and appropriate adjustments of these criteria should be made. The range of publications may be adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical service.

The dossier will require the demonstration of impact, not just the potential for impact. Although review articles may form a portion of the publication list (typically less than 30%), and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles; book chapters or reviews alone or in majority will not be sufficient for promotion. Considered together, demonstration of impact and a national reputation of an independent program of research is a prerequisite for promotion to associate professor and awarding of tenure. Participation in collaborative, multidisciplinary research and team science is highly valued. In cases where a faculty member's collaborative scholarship results primarily in middle authorship, the recognition and impact of their scholarship will be reflected through other indicators such as, but not limited to, the indispensability of the candidate's role and contribution in generating the publication(s), invitations to serve on editorial boards, study sections, national invitations to speak, etc.

Expectations regarding scholarship may be adjusted according to the extent of the faculty member's commitment to clinical service, teaching, or administrative duties. The extent of those activities must be documented in the annual reviews of faculty members and must be included in the TIU promotion and/or promotion reviews. In addition, the nature of scholarship may vary amongst disciplines and must be appropriately specified in the document.

Evidence of sustained or multiple external peer reviewed grant support is another crucial indicator of expertise in the field.

Candidates without significant clinical responsibilities: Candidates for promotion to associate professor with tenure who are without significant clinical responsibilities must have obtained NIH (or comparable) funding as a principal investigator (PI) or Multiple Principal Investigator(MPI) on a R01, P01, U54, or K award or other



comparable funding, including but not limited to NSF, DoD, USDA, AHRQ, DARPA, RWJF, Commonwealth Fund, or Kaiser Family Foundation. They should ideally have demonstrated sustainability of their research program by renewal of the award and/or by garnering a second distinct nationally competitive, peer reviewed grant. The latter may include support from prominent national charitable foundations (e.g., American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding.

Candidates with significant clinical responsibilities: Candidates for promotion to associate professor with tenure who have significant clinical responsibilities are expected to obtain extramural NIH or comparable funding as defined in the previous paragraph as a PI, MPI to support their research program. Competitive, peer-reviewed career development award funding, such as an NIH K award or national foundation career development award, is acceptable. Depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. Serving as the site-PI for a multi-center trial would not satisfy the expectation for extramural funding on the tenure track. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding.

Although the total body of scholarship over the course of a career is considered in promotion and tenure decisions, the highest priority is placed on scholarly achievements since appointment to the tenure-track at The Ohio State University. It should be appreciated that evidence of scholarship below the specified range, defined by the TIU, does not preclude a positive promotion decision especially if reasonable extenuating circumstances exist. Scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or in the context of poor performance in other areas such as evidence of teaching excellence.

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

Service: Service is broadly defined to include administrative service to the Department, the College or the University, exemplary 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 of Medicine, hospital, and/or University committees and affirmative action or mentoring activities. Evidence of professional service to the faculty member's discipline can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes: reviewers of proposals, external examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

## **2. Promotion to Associate Professor without Tenure**

Promotion to associate professor in advance of tenure is only available to faculty members with clinical responsibilities who have an 11-year probationary period. Candidates for such a promotion will have a level and pattern of achievement that demonstrates that the candidate is making progress toward, but has not yet achieved all of the stated criteria for promotion with tenure. In the Department of Surgery this title will be restricted to physician (M.D., D.O.) candidates.

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

Identical to promotion with tenure.

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

Identical to promotion with tenure

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

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

## **3. Promotion to Professor (Tenure-Track)**

Awarding promotion to the rank of Professor with tenure must be based upon clear and unambiguous 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.

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

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

Research and 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. Candidates for promotion to professor should ideally have 25-35 peer-reviewed publications since their promotion to associate professor. It is expected that the pattern of scholarship will include a substantial proportion of publications as senior or corresponding author.

Candidates for promotion will be expected to have developed and maintained nationally competitive and current peer reviewed extramural funding to support their research program including sustained funding.

Candidates without significant clinical responsibilities: At a minimum, candidates for promotion to professor who do not have clinical responsibilities must be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant (e.g. but not limited to NSF, DoD, USDA, AHRQ, DARPA, RWJF, Commonwealth Fund, or Kaiser Family Foundation) with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH R01 level awards. This may include support from prominent national charitable foundations (e.g., American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple NIH grants will satisfy the requirement for extramural funding.

Candidates with significant clinical responsibilities: Candidates for promotion to professor who have significant clinical responsibilities are expected to obtain extramural NIH or comparable funding as defined above as a PI, MPI to support their research program. Depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. Serving as the site-PI for a multi-center trial would not satisfy the expectation

for extramural funding on the tenure track. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding. In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple NIH grants will satisfy the requirement for extramural funding.

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

Service: Promotion to the rank of Professor requires service with distinction to the College of Medicine, The Ohio State University, or in a national context. The faculty member should have made new, unique and impactful service contributions since being appointed or promoted to the rank of Associate Professor. Criteria might include recognition in the provision of exemplary patient care; development of new and innovative programs, participation in leadership positions of a learned society, participation in and appointment to management positions in College of Medicine, University or national committees, task forces and advisory groups and other leadership roles leading to the betterment of the organization being served.

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

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

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

The awarding of promotion to the rank of Associate Professor in the Clinical Faculty must be based upon clear and convincing evidence that the candidate has developed a national level of impact and recognition since being appointed to the rank of Assistant Professor. Faculty members on the Clinical Faculty typically pursue careers as clinician scholars, clinician educators or clinical practitioners and innovators (excellence).

##### **A. Associate Professor, Clinician Educator Pathway**

The awarding of promotion to the rank of associate professor on the clinical faculty – clinician-educator pathway must be based upon convincing evidence that the candidate

has developed a national level of impact and recognition as a clinician educator since being appointed to the rank of assistant professor. Evidence of national recognition and impact should be related to the primary focus of this pathway (clinical or didactic education), but can also be related to clinical, scholarship, or professional service. Excellence is not required in all domains. The clinician-educator pathway may reflect effectiveness as an educator of trainees at any level. Alternatively, the clinician educator pathway may reflect an outstanding clinician who has a demonstrated record of educating colleagues and peers, such as through invitations to serve as faculty on national continuing medical education programs.

Teaching and Mentoring: A strong and consistent record of effective teaching and mentoring is required for promotion. Effectiveness may be measured by various metrics including, but not limited to curriculum/web-based design and implementation, innovative teaching practices, modules, and publications. Consistently positive teaching evaluations by students, trainees, and peers are required. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). Effectiveness may also be reflected by teaching awards or other honors. Clinician Educators may also demonstrate national impact through invitations to serve as faculty on national continuing medical education programs or societal leadership in education or other national activities. In all cases, evidence of improved educational processes or outcomes (i.e., impact) is required. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued.

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. Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, service on editorial boards, service to the community as pertains to the candidate's specialty, development of innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination within the department College, University or beyond, and leadership positions in professional societies.

Scholarship: The candidate must demonstrate contributions to scholarship, a portion of which should be peer-reviewed journal publications. Candidates must demonstrate the impact of their scholarship. 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. Alternatively, other faculty members in the Clinician Educator Pathway may publish works based on their areas of clinical expertise which form the basis for their teaching of colleagues and peers. These may include, but are not limited to review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. 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 since appointment as an assistant professor is suggested as a scope of work consistent with promotion to associate professor. However, this range does not represent an inflexible requirement for promotion.

## **B. Professor, Clinician Educator Pathway**

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

Teaching and Mentoring: A documented record of sustained teaching and mentoring excellence is required for promotion. Candidates must demonstrate the impact of their teaching and mentoring. Sustained positive evaluations by students, residents, fellows, local colleagues and/or national peers are required. Multiple teaching awards and other honors are indicative of this level of teaching excellence but are not required. Candidates must demonstrate favorable impact on teaching and training programs, such as curriculum/web-based innovation, new teaching modalities or methods of evaluating teaching, and/or program or course development. Other examples include the development of multiple impactful, innovative programs that integrate teaching, research and patient care. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued. Teaching excellence may also be demonstrated through committee appointments in national education committees such as Accreditation Council for Graduate Medical Education, National Medical Association, American Association of Higher Education, Association of American Colleges and Universities or Association of American Medical Colleges, including specialty boards or professional societies at national level.

Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor. Candidates should demonstrate evidence of mentoring or other career development activities for other faculty members.

Service: Service to the institution and profession is an expectation for promotion to professor. Service is broadly defined to include administrative service to the University, patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, service on editorial boards, development of innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination in the within the department, College, University or beyond, and leadership positions in professional societies. In addition, invitations to serve as external evaluators for promotion candidates from peer institutions is a reflection of national reputation.

**Scholarship:** The candidate must demonstrate contributions to scholarship, a portion of which should be peer-reviewed journal publications. Candidates must demonstrate the impact of their scholarship. 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 or clinical community based educational efforts. Alternatively, other faculty members in the Clinician Educator Pathway may publish works based on their areas of clinical expertise which form the basis for their teaching of colleagues and peers. These may include, but are not limited to, review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. Some faculty members may combine these two areas of career emphasis. 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 15-20 scholarly written or digital publications of this type since appointment or promotion to associate professor is suggested as a scope of work consistent with promotion to professor. However, this range does not represent an inflexible requirement for promotion.

### **C. Associate Professor, Clinician Scholar Pathway**

The awarding of promotion to the rank of Associate Professor in the Clinical Faculty – Clinician-Scholar pathway must be based upon clear and convincing evidence that the candidate has developed a national level of impact and recognition as a clinician scholar since being appointed to the rank of Assistant Professor.

**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.

**Scholarship:** Demonstration of impact and a national reputation for scholarship is a prerequisite for promotion to associate professor. The candidate must demonstrate scholarship typically as reflected by primary, senior or corresponding author of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational clinical, or health services research projects, or in clinical trials as PI or Co-I. Participation in collaborative, multidisciplinary research and team science is valued. Faculty members who participate in team science may have a record of scholarship primarily as middle author. In these cases, there must be evidence from other domains that demonstrate at the national level the faculty member's unique expertise (e.g., invitation to serve on study sections, invitation to speak at national meetings, etc). In general, a range of 10-20 peer reviewed publications since appointment to assistant professor is expected. The dossier will require the demonstration of impact, not just the potential for impact. Although review articles may form a portion of the

publication list (typically less than 30%), and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles; book chapters or reviews alone or in majority will not be sufficient for promotion.

Faculty on this pathway should have acquired external funding (as PI or Co-I) in support of their program of scholarship. Candidates should have a track record of funding by foundation, industry, NIH or comparable agencies (e.g. but not limited to NSF, DoD, USDA, AHRQ, DARPA, RWJF, Commonwealth Fund, or Kaiser Family Foundation). Alternatively, entrepreneurship and inventorship are also evidence of scholarly activity.

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. Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, service on editorial boards, development of innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination within the Department, College, University or beyond and leadership positions in professional societies.

#### **D. Professor, Clinician Scholar Pathway**

The awarding of promotion to the rank of Professor in the Clinical Faculty – Clinician-Scholar pathway must be based upon clear and convincing evidence that the candidate has developed a national level of leadership or international recognition as a clinician scholar since appointment or promotion to the rank of Associate Professor.

Teaching and Mentoring: A strong and consistent record of effective teaching and mentoring is required for promotion to professor. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued. This may be demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching evaluations may be based on presentations internally or at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, etc. Teaching awards and other honors are also supportive of a strong teaching record but are not required. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). Candidates should demonstrate consistent effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs.

Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates must demonstrate evidence of mentoring or other career development activities for other faculty members. 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.



Service: Promotion to the rank of professor requires service to the University, and in a national context. The faculty member should have increased levels of responsibility and leadership (e.g. committee chair or elected office in national or international organizations) since appointment or promotion to associate professor. Candidates may have led the development of new and innovative clinical or clinical research programs which received national recognition. Similarly, innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination within the Department, College, University or beyond, can be considered service activities. Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, serve on editorial boards, leadership positions in professional societies.

Scholarship: Demonstration of a sustained and expanded impact and national reputation for scholarship is a prerequisite for promotion to professor. The candidate must demonstrate scholarship typically as reflected by primary, senior or corresponding author of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical, or health services research projects or in clinical trials as PI or Co-I. Participation in collaborative, multidisciplinary research and team science is highly valued. Faculty members who participate in team science may have a record of scholarship primarily as middle author. In these cases, there must be evidence from other domains that demonstrate at the national level the faculty member's unique expertise (e.g. invitation to serve on study sections, invitation to speak at national meetings, etc). In general, a range of 20-30 peer reviewed publications since appointment to associate professor is expected. The dossier will require the demonstration of impact, not just the potential for impact. Although review articles may form a portion of the publication list and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will also contain peer-reviewed research articles, books, and book chapters or reviews.

Faculty on this pathway should have acquired external funding (as PI or Co-I) in support of their program of scholarship. Candidates should have a track record of being funded by industry, NIH or comparable agencies (e.g. but not limited to NSF, DoD, USDA, AHRQ, DARPA, RWJF, Commonwealth Fund, or Kaiser Family Foundation). Alternatively, entrepreneurship and inventorship are also evidence of scholarly activity.

#### **F. Associate Professor, Clinical Excellence Pathway**

Faculty members with predominantly clinical or clinical administrative responsibilities may be considered for promotion based on clinical excellence. Ordinarily these faculty have 80% or greater clinical and/or clinical administrative responsibilities. These faculty have distinguished themselves by having particularly outstanding clinical outcomes. These faculty are recognized for the scholarship of clinical practice or novel contributions to the advancement of the practice in their field. Local recognition for outstanding clinical care is a hallmark of qualification for Associate Professor on the Clinical Excellence Pathway. National recognition is not a requirement. The awarding of promotion to the rank of associate professor on the clinical excellence pathway must be based upon convincing evidence that the candidate has demonstrated outstanding clinical outcomes, and a record of impact relating to clinical care. Promotion will not be granted purely on the basis of length of service to the institution, clinical productivity, or satisfactory job performance. A faculty member who qualifies for promotion on this

pathway should have supportive annual evaluations that document clinical effort in the years leading up to promotion on this pathway.

These faculty are expected to support the research and teaching mission of the Department, but the focus of the promotion review is on demonstration of clinical excellence. The documentation and demonstration of outcomes or impact is required. It is not expected that candidates will meet all of the examples below, but meeting only one will not satisfy the demonstration of collective impact of excellence.

Examples of excellence may include, but are not limited to:

1. Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant clinical measures such as, but not limited to quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, process improvements, reduction in health disparities, improvements in community health outcomes and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison. The Department of Surgery will continue to recognize new and emerging methods of dissemination including websites, social media, etc. Clinical productivity metrics (e.g. wRVU) per se, are not sufficient for supporting excellence in clinical performance.
2. Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but are not limited to, the number of cases referred for a second opinion, patients referred from other states or other regions within Ohio.
3. A record that demonstrates that a faculty member is frequently consulted by physicians from outside the OSU system for advice about patient care.
4. Evidence that physicians from other medical centers come to OSU/NCH for training specifically by the faculty member, or request proctoring at their home institution by the faculty member.
5. A record that demonstrates the faculty member has been invited to lecture locally, regionally or at other hospitals, academic medical centers or statewide professional societies.
6. Clinical program development. Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted within the Medical Center or by other institutions or practices.
7. Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the Medical Center.
8. Evidence that the faculty member participates as an instructor or is involved with the development of education activities at local or state levels that are in person, virtual, or web-based.
9. Selection for inclusion in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings.
10. Receipt of awards from local, state, national organizations for clinical excellence.
11. Participation in the development of institutional or statewide practice guidelines.

### **G. Professor, Clinical Excellence Pathway**

Faculty members with predominantly clinical or clinical administrative responsibilities may be considered for promotion based on clinical excellence. Ordinarily these faculty

have 80% or greater clinical and/or clinical administrative responsibilities. These faculty have distinguished themselves by having particularly outstanding clinical outcomes. These faculty are recognized for the scholarship of practice or novel contributions to the advancement of the practice in their field. State and national recognition for outstanding clinical care is a hallmark of qualification for Professor on the Clinical Excellence Pathway. The awarding of promotion to the rank of professor in the clinical excellence pathway must be based upon convincing evidence that the candidate has demonstrated a sustained and enhanced level of excellence in clinical care and has developed a national impact and recognition since being appointed to the rank of associate professor. Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor.

Promotion will not be granted solely on the basis of length of service to the institution, time in rank, clinical productivity, or satisfactory job performance. A faculty member who qualifies for promotion on this pathway should have supportive annual evaluations that document increasing clinical impact and performance since achieving the rank of associate professor. These faculty are expected to support the research and teaching mission of the Department, but the focus of the promotion review is on demonstration of clinical excellence. The documentation and demonstration of outcomes or impact is required. It is not expected that any candidate will meet all of the examples below but meeting only one will not satisfy the demonstration of collective impact of excellence.

Examples of excellence may include, but are not limited to:

1. Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant clinical measures such as, but not limited to quality indicators, mortality metrics, reduction in health disparities, improvements in community health outcomes, complication rates, turnaround times, readmission rates, process improvements and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison. Clinical productivity metrics (e.g. wRVU) per se, are not sufficient for supporting excellence in clinical performance.
2. Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but are not limited to, the number of cases referred for a second opinion, patients referred from other states or other countries.
3. A record that demonstrates that a faculty member is frequently consulted by physicians from outside the OSU system for advice about patient care.
4. Evidence that physicians from other medical centers outside of Ohio come to OSU/NCH for training specifically by the faculty member, or request proctoring at their home institution by the faculty member.
5. A record that demonstrates the faculty member has been invited to lecture nationally at hospitals, academic medical centers or national professional societies.
6. Clinical program development. Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted within the Medical Center or by other institutions or practices.
7. Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the Medical Center.
8. Evidence that the faculty member participates as an instructor or involved with the development of education activities at the state or national level that are in person, virtual, or web-based.

9. Selection for inclusion in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings.
10. Receipt of awards from state or national organizations for clinical excellence.
11. Participation in the development of national practice guidelines.

## **5. Research Faculty**

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

### **A. Associate Professor**

Candidates for promotion to research associate professor are expected to demonstrate the beginnings of a national recognition of their expertise. This may be reflected by (but not limited to) invitations to review manuscripts or grant applications, invitations to lecture at scientific societies or other universities, consultation with industry or governmental agencies, requests for collaboration from other universities, request to serve in central roles on multi-center studies, etc.

Research faculty typically are not expected to establish an independent program of research. Promotion to associate professor requires documentation of a sustained and substantial record of scholarship based upon their expertise. Candidates typically should have 20-25 peer reviewed journal publications since their appointment as research assistant professors. First, senior, or corresponding authorships are typically not expected. Overall, the number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.

It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources. Research faculty typically serve as Co-Investigators, and independent extramural funding (Principal Investigator or Multiple Principal Investigator) is not required.

### **B. Professor**

The awarding of promotion to the rank of research professor must be based upon convincing evidence that the candidate has established a national level of recognition and impact beyond that which was established for promotion to associate professor. This may be reflected by (but not limited to) invitations to review manuscripts or grant applications, invitations to lecture at scientific societies or other universities, consultation with industry or governmental agencies, requests for collaboration from other universities, request to serve in central roles on multi-center studies, etc.

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

corresponding authorships are expected. Overall, the number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.

It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources. Research faculty typically serve as Co-Investigators, and independent extramural funding (Principal Investigator or Multiple Principal Investigator) is not required.

## **6. Associated Faculty**

Associated faculty for whom promotion is a possibility follow the promotion guidelines and procedures for tenure-track and clinical faculty (see Promotion and Tenure and Promotion Reviews above), 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.

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

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

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

For uncompensated associated faculty, promotion should reflect contributions to the Department or College that exceed the activities that represent the basis for their faculty appointment, in most cases related to the educational mission. At the associate professor level this could include service on Department and or college committees, contributions to medical student curriculum development or other evidence of contributions to the educational or scholarly mission of the Department or college. For promotion to professor, the level of contribution must demonstrate sustained and enhanced engagement or leadership.

#### Procedures for promotion of uncompensated associated faculty:

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

## **B. Procedures for Tenure-Track, Clinical, and Research Faculty**

The department's procedures for promotion and tenure and promotion reviews are fully consistent with those set forth in Faculty Rule [3335-6-04](#), and the Office of Academic Affairs annually updated procedural guidelines for promotion and tenure reviews found in Volume 3 of the [Policies and Procedures Handbook](#). The following sections, which state the responsibilities of each party to the review process, apply to all tenure-track, clinical, and research faculty in the department.

### **1. Candidate Responsibilities**

Candidates for promotion and tenure or promotion are responsible for submitting a complete, accurate dossier and providing a copy of the APT document under which they wish to be reviewed. If external evaluations are required, candidates are responsible for reviewing the list of potential external evaluators compiled for their case according to departmental guidelines. Each of these elements is described in detail below.

#### **• Dossier**

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

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

Documentation shall include:

#### **Teaching**

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 formal University classes.
- Cumulative evaluations of clinical teaching (lectures, conferences, grand rounds, patient care encounters, etc.) utilizing appropriate on-line evaluation tools, where available.
- Peer evaluation of teaching reports as required by the department's peer evaluation of teaching program.
- Copies of pedagogical papers, books or other materials published, or accepted for publication. Material accepted for publication but not yet published must be accompanied by a letter from the publisher stating that the work has been unequivocally accepted and is in final form with no further revisions needed.
- Other relevant documentation of teaching as appropriate.

## **Research**

The time period for research 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 research outcomes will be reviewed for increasing independence over time. There should also be an increasing trajectory of significant scholarly outcomes over time.

- If requested by the Department Committee, copies of all scholarly papers published or accepted for publication. Papers accepted for publication but not yet published must be accompanied by a letter from the publisher stating that the paper has been unequivocally accepted and is in final form, with no further revisions needed.
- Documentation of grants and contracts received.
- Other relevant documentation of research as appropriate (published reviews including publications where one's work is favorably cited, grants and contract proposals that have been submitted).

## **Service**

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.

- Any available documentation of the quality of service that enhances the list of service activities in the dossier.
- The complete dossier is forwarded when the review moves beyond the department. The documentation of teaching is forwarded along with the dossier. The documentation of scholarship and service is for use during the department review only, unless reviewers at the college and university levels specifically request it.

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

Candidates must 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.

- **External Evaluations**

If external evaluations are required, candidates are responsible for reviewing the list of potential external evaluators developed by the department chair and the Appointment, Promotion and Tenure Committee. The candidate may add no more than three additional

names, but is not required to do so. The candidate may request the removal of no more than two names, providing the reasons for the request. The department chair decides whether removal is justified. (Also see External Evaluations below).

## 2. Promotion and Tenure Committee Responsibilities

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

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually, in the spring, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only Professors on the committee may consider promotion review requests to the rank of Professor. A two-thirds majority of those eligible to vote on a request must vote affirmatively for the review to proceed.

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

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

- A decision by the committee to permit a review to take place in no way commits the eligible faculty, the department chair, or any other party to the review to making a positive recommendation during the review itself.
- Annually, in late spring through early autumn semester, to provide administrative support for the promotion and tenure review process as described below.

**Late Spring:** Select from among its members a Procedures Oversight Designee who will serve in this role for the following year. The Procedures Oversight Designee cannot be the same individual who chairs the committee. The Procedures Oversight Designee's responsibilities are described in the Office of Academic Affairs annual procedural guidelines.

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

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



Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on his or her dossier. This meeting is not an occasion to debate the candidate's record.

Draft an analysis of the candidate's performance in teaching, research and service to provide to the full eligible faculty with the dossier; and seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.

Revise the draft analysis of each case following the faculty meeting, to include the faculty vote and a summary of the faculty perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the department chair.

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

Provide a written evaluation and recommendation to the department chair in the case of joint appointees whose tenure initiating unit is another department. The full eligible faculty does not vote on these cases since the department's recommendation must be provided to the other tenure initiating unit substantially earlier than the Committee begins meeting on this department's cases.

### **3. Eligible Faculty Responsibilities**

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

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

### **4. Department Chair Responsibilities**

The responsibilities of the department chair are as follows:

- To charge each member of the Eligible Faculty Committee to conduct reviews free of bias and based on criteria.
- 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.) **Late Spring:** To solicit external evaluations from a list including names suggested by the Appointment, Promotion and Tenure Committee, the chair and the candidate. (Also see External Evaluations below).

- To make adequate copies of each candidate's dossier available in an accessible place (option: a secure on-line site) for review by the eligible faculty at least one week before the meeting at which specific cases are to be discussed and voted.
- To remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.
- To attend the meetings of the eligible faculty at which promotion and tenure matters are discussed and respond to questions raised during the meeting. At the request of the eligible faculty, the department chair will leave the meeting to allow open discussion among the eligible faculty members.
  
- **Autumn:** To provide an independent written evaluation and recommendation for each candidate, following receipt of the eligible faculty's completed evaluation and recommendation.
- To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the department review process:
  - Of the recommendations by the eligible faculty and department chair.
  - Of the availability for review of the written evaluations by the eligible faculty and department chair.
  - Of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the department chair, for inclusion in the dossier. The letter is accompanied by a form that the candidate returns to the department chair, indicating whether or not he or she expects to submit comments.
- To provide a written response to any candidate comments that warrants response for inclusion in the dossier.
- To forward the completed dossier to the college office by that office's deadline, except in the case of associated faculty for whom the department chair recommends against promotion. A negative recommendation by the department chair is final in such cases.
- To receive the Appointment, Promotion and Tenure Committee's written evaluation and recommendation of candidates who are joint appointees from other tenure initiating units, and to forward this material, along with the department chair's independent written evaluation and recommendation, to the department chair of the other tenure initiating unit by the date requested.

## 5. External Evaluations

External evaluations of research and scholarly activity are required for all promotion reviews in the College of Medicine for tenure-track, clinical and research faculty.

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

- Is written by a person highly qualified to judge the candidate's research (or other performance, if relevant) who is not a close personal friend, research collaborator, or former academic advisor or postdoctoral or residency mentor of the candidate. Qualifications are generally judged on the basis of the evaluator's

expertise, record of accomplishments, and institutional affiliation. They must be at the rank above the candidate being considered.

- Provides sufficient analysis of the candidate's performance to add information to the review. A letter's usefulness is defined as the extent to which the letter is analytical as opposed to perfunctory. Under no circumstances will "usefulness" be defined by the perspective taken by an evaluator on the merits of the case.

Since the department cannot control who agrees to write and or the usefulness of the letters received, at least twice as many letters are sought as are required, and they are solicited before the end of the academic year prior to the review year. This timing allows additional letters to be requested should fewer than five useful letters result from the first round of requests.

As described above, a list of potential evaluators is assembled by the Appointment, Promotion and Tenure Committee, the department chair, and the candidate. If the evaluators suggested by the candidate meet the criteria for credibility, a letter is requested from at least one of those persons. Faculty Rule [3335-6-04](#) requires that no more than half the external evaluation letters in the dossier be written by persons suggested by the candidate. In the event that the person(s) suggested by the candidate do not agree to write, neither the Office of Academic Affairs nor this department requires that the dossier contain letters from evaluators suggested by the candidate.

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

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

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

### **C. Procedures for Associated Faculty**

Adjunct faculty, associated faculty with tenure-track titles, and associated clinical faculty for whom promotion is a possibility follow the promotion guidelines and procedures detailed in Section VI.B above, with the exception that the review does not proceed to the college level if the department chair's recommendation is negative, and does not proceed to the executive vice president and provost if the dean's recommendation is negative. Positive recommendations from deans in colleges with departments likewise do not proceed to the executive vice president and provost.

## **VII. Appeals**

Decisions regarding the renewal of probationary appointments and promotion and tenure must be made in accordance with the standards, criteria, policies and procedures described in this document, in the rules of the University, and in the Appointments, Promotion and Tenure document of the College of Medicine. If a candidate believes that a non-renewal decision or negative promotion and tenure action has been made in violation of these policies, and therefore alleges that it was made improperly, the candidate may appeal that decision. 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/Twelfth Year Reviews**

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

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

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

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

For formal University courses taught by members of this department, the University's Student Evaluation of Instruction (eSEI) should be utilized to assess performance. For all other courses and teaching activities involving students and residents, departmentally/college-based (electronic) assessment tools are to be employed.

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

Each faculty member in the Department of Surgery is required to undergo peer review based on their current faculty rank as follows:

- At least once per year for all probationary tenure track, probationary clinical faculty, tenured associate professors and non-probationary associate professors on the clinical faculty.
- At least once every two years for all tenured professors and non-probationary clinical faculty professors.

The Department Chair or faculty member themselves may request additional review of teaching.

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

The evaluator must be the same or higher academic rank than the faculty member they are evaluating. The evaluator submits a complete review of the type of teaching conference (for example grand rounds) that they observed and should focus on such issues as the quality and effectiveness of the instructional materials and assessment tools and the appropriateness of the approach relative to current disciplinary knowledge.

These forms are coordinated by our department faculty affairs coordinator and reviewed by the Vice Chair for Promotion and Tenure as well as presented annually to the Department of Surgery Executive Committee. The peer review documents shall become part of the permanent file of the faculty member; they will be used as part of the annual review of the faculty member and included in the dossier for reappointment and/or promotion and/or tenure.

## Appendix: Statement on Professional Ethics

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.
3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.
4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.
5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.