

## **Patterns of Administration for the Department of Anesthesiology**

Revised: April 2016

### **Introduction**

This document provides a brief description of the Department of Anesthesiology as well as a description of its policies and procedures. It supplements the Rules of the University Faculty and other policies and procedures of the University to which the department and its faculty are subject. The latter rules, policies and procedures, and changes in them, take precedence over statements in this document.

This Pattern of Administration is subject to continuing revision. It must be reviewed and either revised or reaffirmed on appointment or reappointment of the department chair. However, revisions may be made at any time subject to approval by the College of Medicine and the Office of Academic Affairs.

### **Mission Statement**

The mission of the Department of Anesthesiology at The Ohio State University College of Medicine includes:

1. Provide outstanding clinical patient care in the specialty of anesthesiology by medical staff with the best qualifications and experience. This patient care includes but is not limited to
  - a. Anesthetic care for patients requiring surgical and procedural interventions for which anesthetic assessment and management is required.
  - b. Critical care medicine
  - c. Relief of chronic and acute pain
  - d. Obstetric Anesthetic care
  - e. Preoperative medical assessment and optimization
  - f. Post-anesthetic care
2. Teach medical students and other trainees diverse aspects of anesthetic care.
3. Teach anesthesiology residents and fellows the skills and knowledge necessary to independently practice anesthesiology and its subspecialties.
4. Conduct basic science and clinical research and other scholarly investigation concerning anesthesiology and its related disciplines.
5. Provide service to the University through various activities such as
  - a. Public education about anesthesiology and its subspecialties
  - b. Participation in national organizations representing anesthesiology or its subspecialties
  - c. Service to the College of Medicine and the University in carrying out its academic and service missions.

### **Faculty**

Faculty Rule 3335-5-19, [www.trustees.osu.edu/ChapIndex/index.php](http://www.trustees.osu.edu/ChapIndex/index.php) defines the types of faculty appointments possible at The Ohio State University and the rights and restrictions associated with each type of appointment. Faculty members in the Department of Anesthesiology include those assigned to tenure track, clinical, research and associated faculty tracks, and those who have been granted emeritus faculty status. Faculty members have terminal degrees of training, including M.D., Ph.D., or M.S.

#### A. Definition of Faculty Categories

As used in these rules the term “faculty” shall include persons appointed by the University Board of Trustees with tenure track, clinical track, research faculty, associated faculty, and emeritus faculty titles on full- or part-time appointments, with or without salary.

1. “Tenure track faculty”: persons with the titles of Professor of Anesthesiology, Associate Professor of Anesthesiology, Assistant Professor of Anesthesiology, and Instructor of Anesthesiology who serve on appointments totaling fifty percent or more service to the University.
2. “Clinical faculty”: persons with the titles of Professor - Clinical Anesthesiology, Associate Professor – Clinical Anesthesiology, Assistant Professor – Clinical Anesthesiology, and Instructor of Anesthesiology. Individuals appointed to the clinical faculty may participate in governance at the division, departmental and college levels, but may not participate in promotion and tenure matters of the tenure track faculty.
3. “Research faculty”: persons with the titles of Research Professor of Anesthesiology, Research Associate Professor of Anesthesiology and Research Assistant Professor of Anesthesiology. Research faculty may vote in all matters of department governance except tenure-track appointment, promotion and tenure decisions and clinical appointment and promotion decisions.
4. “Associated faculty”: persons with the titles of Clinical Professor of Anesthesiology, Clinical Associate Professor of Anesthesiology, Clinical Assistant Professor of Anesthesiology, and Clinical Instructor of Anesthesiology. “Associated faculty” also includes persons with adjunct titles, visiting titles, lecturers; also professors, associate professors, assistant professors, and instructors who serve on appointments totaling less than fifty percent service to the University.
5. “Emeritus faculty”: tenure track, clinical, or research faculty members who, upon retirement, were recommended by the Chair, the Dean and the Executive Vice President and Provost for emeritus status. Emeritus faculty members may not vote at any level of governance and may not participate in promotion and tenure voting, but may have such other privileges as individual academic units or the office of human resources may provide.

B. Guidelines for Appointment, Promotion and Tenure –

See separate document: **Department of Anesthesiology Appointments, Promotion and Tenure**

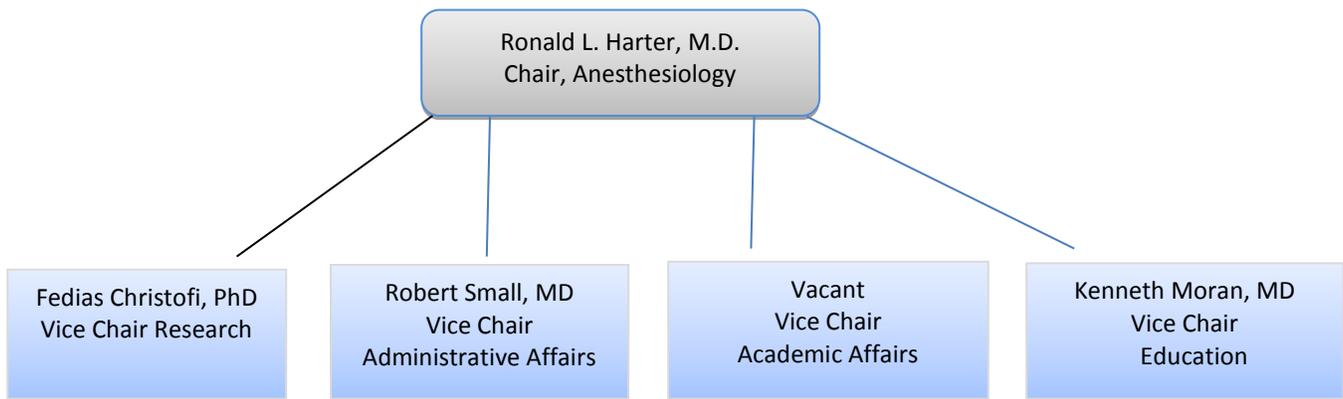
Also refer to University guidelines: [http://oaa.osu.edu/OAAP\\_PHandbook.php](http://oaa.osu.edu/OAAP_PHandbook.php)

Organization of Department Services and Staff

The Chair is responsible for the organization of services in the Department. The department’s clinical and teaching activities are organized into various subspecialty areas including Critical Care, Obstetric Anesthesiology, Cardiothoracic Anesthesiology, Neuroanesthesiology, Liver Transplantation Anesthesiology, Chronic Pain Management, Preoperative Assessment, Regional Anesthesia and Acute Pain Management, and Ambulatory Anesthesia. These areas each have their own directors, but are not formally organized into freestanding divisions. In accordance with the rules and regulations of the University and College, the Chair has the authority to create divisions within the department. The subspecialty directors, and when applicable, division directors, may be replaced by the chairperson at any time. Within each subspecialty area, there are a range of research, teaching, and clinical activities which may include inpatient and outpatient services. Faculty members affiliated primarily with a

specific subspecialty area may have significant activities across other subspecialty areas or that fall under the area of general clinical anesthesiology services without a subspecialty designation.

The Department contains additional leadership positions, Vice Chair for Research, Vice Chair for Academic Affairs, Vice Chair for Education and Vice Chair for Administrative Affairs. The Vice Chair for Research organizes departmental research activities and prepares reports for the Chair about departmental research as requested by the Chair. The Vice Chair for Academic Affairs oversees and facilitates the establishment of mentorship relationships and promotion and tenure advising and counseling. The Vice Chair for Education oversees education efforts throughout the department. The Vice Chair for Administrative Affairs oversees clinical activities, compliance with regulatory agency requirements, and other administrative activities. Any of these positions may be replaced by the chair at any time, and any or all may remain vacant for any period of time.



### **Overview of Departmental Administration and Decision-Making**

Policy and program decisions can be made in a number of ways: by the Department as a whole, by standing or special committees of the Department, by individuals to whom specific responsibilities are delegated, or by the Chair. The nature and importance of each matter will determine the procedure to be followed. Matters of the most general importance are usually dealt with first in one of the standing committees and then in a full departmental meeting. Matters of lesser importance or of a more specific nature may be decided by the committees themselves or by the Chair. Any such matters and related decisions can be brought up for review in the full departmental meetings; or they can be placed on the agenda by the Chair, the committees, or interested members of the faculty.

The Department proceeds on the general principle that widespread agreement on decisions should be obtained whenever practicable, recognizing that matters of an urgent or confidential nature may require decision by a smaller entity, including the Chair rendering a decision independently. Open and widely shared discussions constitute the primary vehicle for reaching agreement on decisions for which such discussions are feasible.

## **Department Administration**

### **Chair of Department**

A. Chair: The primary responsibilities of the chair are set forth in Faculty Rule 3335-3-35, [www.trustees.osu.edu/ChapIndex/index.php](http://www.trustees.osu.edu/ChapIndex/index.php). This rule requires the chair to develop, in consultation with the faculty, a Pattern of Administration with specified minimum content. The rule, along with Faculty Rule 3335-6, [www.trustees.osu.edu/ChapIndex/index.php](http://www.trustees.osu.edu/ChapIndex/index.php), also requires the chair to prepare, in consultation with the faculty, a document setting forth policies and procedures pertinent to promotion and tenure.

Other responsibilities of the chair, not specifically noted elsewhere in this Pattern of Administration, are paraphrased and summarized below.

- To have general administrative responsibility for department programs, subject to the approval of the dean of the college, and to conduct the business of the department efficiently. This broad responsibility includes the acquisition and management of funds and the hiring and supervision of faculty and staff.
- To plan with the members of the faculty and the dean of the college a progressive program; to encourage research and educational investigations.
- To evaluate and improve instructional and administrative processes on an ongoing basis; to promote improvement of instruction by providing for the evaluation of each course when offered, including evaluation by students, residents and fellows of the course and instructors, and periodic course review by the faculty
- To evaluate faculty members annually in accordance with both university and department established criteria; to inform faculty members when they receive their annual review of their right to review their primary personnel file maintained by their department and to place in that file a response to any evaluation, comment, or other material contained in the file.
- To recommend appointments, promotions, dismissals, and matters affecting the tenure of members of the department faculty to the dean of the college, in accordance with procedures set forth in Faculty Rule 3335-6 [www.trustees.osu.edu/ChapIndex/index.php](http://www.trustees.osu.edu/ChapIndex/index.php) and this department's Appointments, Promotion and Tenure document.
- To see that all faculty members, regardless of their assigned location, are offered the departmental privileges and responsibilities appropriate to their rank; and in general to lead in maintaining a high level of morale.
- To see that adequate supervision and training are given to those members of the faculty and staff who may profit by such assistance.

Day-to-day responsibility for specific matters may be delegated to others, but the chair retains final responsibility and authority for all matters covered by this Pattern, subject when relevant to the approval of the dean, Office of Academic Affairs, and Board of Trustees.

Operational efficiency requires that the chair exercise a degree of autonomy in establishing and managing administrative processes. The articulation and achievement of department academic goals, however, is most successful when all faculty members participate in discussing and deciding matters of importance. The chair will therefore consult with the faculty on all educational and academic policy issues and will respect the principle of majority rule. When a departure from majority rule is judged to be necessary, the chair will explain to the faculty the reasons for the departure, ideally before action is taken.

### **B. Vice-Chairs of the Department**

1. The department chair has final responsibility for the administration of the department. In the absence of the chair, this administrative responsibility may be delegated to a vice chair of the department when so designated by the chair.
2. Each vice-chair will be responsible for all duties assigned to them by the chair.
3. The appointment of the vice-chairs shall be made at the pleasure of the department chair.
4. One or more vice-chair positions may be left unfilled at the chair's discretion.

All faculty members in the Department of Anesthesiology are expected to have responsibilities in teaching, scholarship and service. The department will support and reward academic productivity, research, service, educational activity, and clinical excellence.

1. The department's teaching schedules principally involve teaching anesthesiology residents, fellows and medical students from The Ohio State University College of Medicine and visiting medical students from other medical schools. Additional clinical instruction may also be required for rotating non-anesthesiology Ohio State residents and fellows, student nurse anesthetists from outside institutions and allied health providers such as emergency medical technicians and paramedics.
2. Curricular development and administration are at the direction of the vice chair for education. In general, the core residency program director will be responsible for resident curriculum, each fellowship program director will be responsible for their respective fellowship curriculum, and the medical student clerkship director will be responsible for medical student curriculum within the department .
3. Instructional Activity

Due to the nature of the practice of anesthesiology, much of the teaching is direct hands-on in the operating rooms. However, while all faculty are required to teach in the operating rooms to the fellows, residents and medical students, most faculty are also required to contribute to the didactic curriculum, including conducting evaluations of resident performance as assigned.

4. Scholarly Activity

It will be expected that faculty on the tenure track and research faculty will participate in appropriate research activities leading toward promotion and tenure in a timely fashion. Scholarly activities are also required for Clinical Faculty. For associated faculty, scholarly activity is encouraged.

5. Service Activity

All faculty will serve on departmental committees as appointed by the chair. Likewise, participation in College, University and/or Medical Center governance is strongly encouraged and supported. It would be to the faculty's benefit to seek out participation in College,

University, Medical Center and external specialty and subspecialty regional and national committees.

## 6. Faculty Performance Reviews

Annual performance reviews will be conducted for all faculty. The chair will provide a report to the faculty member summarizing research, administrative, educational, service and clinical quality performance for the academic year just completed. The annual reviews not conducted by the Chair will be reviewed and signed by the Chair.

### **Faculty Workload Policy**

The department administration uses the following guidelines to ensure that comparable and equitable duties are assigned to faculty members, and that the scope and nature of these responsibilities are consistent with the type of academic appointment. This policy recognizes that all faculty members are expected to have responsibilities in some combination of teaching, research, clinical care, and service and that the distribution of these responsibilities will vary among faculty. Fluctuations in instructional demand, departmental resources and particular circumstances may necessitate modification of this policy. It is understood that completion of expected responsibilities does not constitute meritorious performance. Evaluation of meritorious performance requires demonstrable achievements which substantially exceed the expectations for a faculty member. Departure from the expected level in any area may be balanced by increased or decreased activity in other areas.

The nature of activities subsumed under the areas of responsibility and criteria for evaluation (teaching, research, service) are fully delineated in the departmental appointment, promotion and tenure guidelines. Teaching includes (but is not limited to) formal didactic lectures to trainees, grand rounds presentations, journal clubs, and direction of the clinical activities of trainees. Teaching also includes curriculum planning and development, and coordination of continuing education activities. Teaching or training of medical students, residents, fellows, or non-physician trainees are included in the teaching responsibility of faculty.

Service may include administrative (committee) work for the department, college, medical center or university, service to the faculty member's profession, or service to the community. Scholarly activity includes generation of new knowledge or creative work which may include publication of original work in peer reviewed journals; obtaining external peer-reviewed funding for research, books or book chapters; a creation of new diagnostic therapeutic or teaching techniques; and invited presentations and/or data presentations at state, national or international meetings.

Clinical patient care is a necessary but not sufficient component of service. Departmental faculty are expected to be able to demonstrate substantive participation in the other components of the department's mission including research, teaching, and service. Members of the faculty who participate in clinical patient care will give resident and medical student lectures and interactive teaching sessions as assigned by the chair and/or resident or medical student education coordinators.

Didactic teaching assignments are made by the core residency program director who must provide faculty with advanced notice of any assignment. Once a teaching assignment and appropriate notice has been made, the faculty member is responsible for carrying out the assignment or rescheduling it to the satisfaction of the core residency program director. Failure to carry out these assignments may result in a recommendation not to renew the faculty member's University Appointment.

Members of the faculty should submit scholarly articles (original research, case reports, review articles, or book chapters, as examples) for publication on a regular basis. All tenured and tenure-eligible faculty are expected to have a significant commitment to scholarly activity and to make consistent efforts to obtain and maintain external support for their research program. Faculty are expected to be principal investigator on

certain grants and may be collaborators on the grants of other faculty. The average time allocated to scholarly activities vary in regard to the other areas of faculty responsibility as well as time constraints (e.g. grant deadlines) pertaining to specific scholarly activities. The proportion of time spent in research may be influenced by obtaining release time through externally funded grants.

All faculty are expected to participate in Department, College of Medicine , Medical Center, and/or University governance.

## POLICY ON FACULTY DUTIES AND RESPONSIBILITIES

The Department of Anesthesiology adheres to the University Policy as described below:

The chair is responsible for assuring that every faculty member has duties and responsibilities commensurate with his or her appointment and that departmental workload is distributed equitably among faculty. In making these assignments the chair must balance the needs of the department with the preferences of the faculty member within the context of the department's policy on faculty duties and responsibilities described below.

Many faculty members voluntarily take on a variety of professional activities that fall outside the department's policy on faculty duties and responsibilities. These activities often benefit the department or university and, to the extent possible, should be taken into account in considering a faculty member's total workload.

However, fairness to other faculty and the department's need to meet its programmatic obligations may become issues when a faculty member seeks relief from departmental obligations in order to devote considerable time to personal professional interests that may not contribute to departmental goals. The chair may decline to approve such requests when approval is not judged to be in the best interests of the department.

The university's policies and procedures with respect to leaves and absences are set forth in the Office of Academic Affairs Policies and Procedures Handbook [http://oaa.osu.edu/OAAP\\_PHandbook.php](http://oaa.osu.edu/OAAP_PHandbook.php) and Office of Human Resources Policies and Procedures website [www.hr.osu.edu/policy/policyhome.htm](http://www.hr.osu.edu/policy/policyhome.htm).

### A. Discretionary Absence

Faculty are expected to complete an Application for Leave form well in advance of a planned absence (for attendance at a professional meeting or to engage in consulting) to provide time for its consideration and approval and time to assure that instructional and other commitments are covered. Discretionary absence from duty is not a right and the chair retains the authority to disapprove a proposed absence when it will interfere with instructional or other comparable commitments. Such an occurrence is most likely when the number of absences in a particular quarter is substantial. Rules of the University Faculty require that the Office of Academic Affairs approve any discretionary absence of ten or more days.

### B. Absence for Medical Reasons

When absences for medical reasons are anticipated, faculty members are expected to complete an Application for Leave form as early as possible. When such absences are unexpected, the faculty member, or someone speaking for the faculty member, should let the chair know promptly so that instructional and other commitments can be managed. Faculty members are always expected to use sick leave for any absence covered by sick leave (personal illness, illness of family members, medical appointments). Sick leave is a benefit to be used – not banked. For additional details see OHR Policy 6.27, [www.hr.osu.edu/policy/index.aspx](http://www.hr.osu.edu/policy/index.aspx).

### C. Unpaid Leaves of Absence

The university's policies with respect to unpaid leaves of absences and entrepreneurial leaves of absence are set forth in the Office of Academic Affairs Policies and Procedures Handbook, [http://oaa.osu.edu/OAAP\\_PHandbook.php](http://oaa.osu.edu/OAAP_PHandbook.php).

#### D. Special Research Assignments

Information on special research assignments is presented in Volume 2 of the Office of Academic Affairs Policies and Procedures Handbook, [http://oaa.osue.edu/OAAP\\_PHandbook.php](http://oaa.osue.edu/OAAP_PHandbook.php). The information provided below supplements these policies.

Untenured faculty will normally be provided an SRA during their probationary period. Reasonable efforts will be made to provide SRA opportunities to all productive faculty on a rotating basis subject to the quality of faculty proposals, including their potential benefit to the department, and the need to assure that sufficient faculty are always present to carry out department work.

#### E. Faculty Professional Leave

Information on faculty professional leaves is presented in Volume 2 of the Office of Academic Affairs Policies and Procedures Handbook, [http://oaa.osu.edu/OAAP\\_PHandbook.php](http://oaa.osu.edu/OAAP_PHandbook.php). The information provided below supplements these policies.

The vice chair of administrative affairs will review all requests for faculty professional leave and make a recommendation to the chair based on the following criteria:

1. Satisfactory completion of OAA form 202—Application for Faculty Professional Leave - [http://oaa.osu.edu/documents/Form202\\_011.pdf](http://oaa.osu.edu/documents/Form202_011.pdf)
2. Submission of a detailed plan for research, clinical activities and/or observations which demonstrates credible potential for
  - a. enhancing the individual's ability to function in his or her assigned faculty role and/or
  - b. introducing new and innovative knowledge, procedures and technology for the benefit of the department, its faculty and its patients and/or
  - c. improving the recognition and prestige of the department and the university

The chair's recommendation to the dean regarding an FPL proposal will be based on the quality of the proposal and its potential benefit to the department and to the faculty member as well as the ability of the department to accommodate the leave at the time requested. Prior to finalizing approval, the department must verify that all teaching and patient care obligations of the individual requesting FPL are fulfilled without undue imposition of responsibilities upon other department and division faculty members, and without measurable negative impact on the financial stability of the department.

## Faculty Performance Reviews:

The chair or their designee will meet individually **on an annual basis** with all faculty (tenured, tenure eligible, and clinical track) to review and discuss the faculty member's performance and to review longer term plans and goals. The faculty member's performance over the previous year will be reviewed in all components of faculty responsibility including teaching, research, administrative effort, clinical quality, professionalism/citizenship and service. This meeting will also review the proposed work assignment for the next academic year, including a discussion of any proposed change in assignment. The faculty member will have the opportunity to offer information regarding current and/or future work assignments. Following the meeting, the faculty member will receive written feedback regarding current performance and the proposed future goals. Areas of needed improvement will be specifically delineated as well as suggested steps proposed to resolve areas of weakness. The annual performance review will be based on expectations outlined in the previous performance evaluation (a letter of offer in the case of the initial year of service)

All faculty members will have the opportunity to respond in writing to the written feedback regarding their performance.

### **Committee Assignments and Objectives**

Some departmental decisions are made through committees and approved by the chair. Some of these committees are elected by the faculty, whereas others are appointed by the chair. The following list provides more details.

#### A. Guidelines

##### 1. Appointments

- a. Appointments to standing committees and the appointment of the chair of these committees shall be made by the chair of the department who may choose to change committee assignments or committee chairs at any time to best serve and balance the department's various missions.
- b. Appointees shall be advised of committee objectives by the department Chair. A current list of committee appointments shall be provided to each faculty member.

##### 2. Term of Office – One year, renewed annually.

#### B. Objectives of Standing Department Committees

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

To review the status of all faculty on an annual basis and to provide guidelines and recommendations to the Chairman regarding continued appointment, promotion and tenure of prospective faculty. When a candidate is identified for promotion the committee will assist the candidate in all matters to forward the candidate allowing the greatest potential for promotion success.

##### **2. Clinical Competency Committee**

As required by the ACGME, this committee will meet biannually to review the current status of all house officers in training in the department of Anesthesiology. All residents will be reviewed by the committee in order to recommend a milestone level assignment to be used for biannual reporting to the ACGME and ABA. The committee will make recommendations to the committee chair and to the program director of anesthesiology regarding the application of Focused Review and Academic Probation requirements..

**3. Equipment and Pharmacy Committee**

To evaluate clinical technology and anesthetic related medications in order to make recommendations to the chair and to the hospital administration for patient care needs. The committee will work with appropriate hospital services to resolve current equipment problems, pharmacy issues, and communicate updates to the department. The committee shall facilitate scheduling all appropriate equipment in-services.

**4. Faculty Recruitment and Credentials Committee**

To evaluate perspective candidates for faculty positions. The committee members will participate in the interview process, make recommendations for hire, follow-up as appropriate with selected candidates, and make recommendations to better facilitate recruitment and retention

**5. Finance Committee**

To review all aspects of departmental finances on an ongoing basis. The committee will review all billing and collection procedures. The committee will be involved in the selection of our billing agent and will work with the billing agent at this committee meeting to review data and advise the Chair on strategies to enhance our business model.

**6. Program Evaluation Committee (PEC)**

This committee is the supervisory body charged to oversee the educational division of the department. All aspects of continuing medical education, resident education and medical student education will fall under the purview of the committee. This committee actively participates in planning, developing, implementing, and evaluating educational activities of the program. Its responsibilities include reviewing and making recommendations for revision of competency-based curriculum goals and objectives, addressing areas of non-compliance with ACGME standards and reviewing the program annually using evaluations of faculty, residents, and others. The committee documents formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE). Through the committee, the program must monitor and track resident performance, faculty development, and graduate performance in order to create an annual improvement plan as required by the ACGME.

**7. Quality Assurance Committee**

This committee is responsible for review of clinical anesthesia conduct and to provide monthly statements regarding compliance and quality initiatives. This committee will review all patient deaths and track patient morbidities. The committee will provide a written report to the Chairman once per month and will provide feedback to the department at least twice per year.

**8. Research Committee**

The Research Committee will review all active and proposed animal and human research proposals in the Department of Anesthesiology. The committee is formed to foster the research development within the Department of Anesthesiology. All matters regarding research infrastructure, finance, resource allocation and strategic direction will fall under the purview of the research committee.

**9. Resident Selection Committee**

The Committee defines applicant criteria used for offering interviews. The faculty and residents are charged with the duty of evaluating all applicant files along with interviewing the selected applicants. This Committee aids in defining the rank list each year.

#### 10. **Schedule Faculty Committee**

This committee is comprised of the faculty in charge of managing the OR schedule. It will review all clinical coverage by the department and recommend revisions to the department clinical coverage plans.

#### 11. **Simulation Education Committee**

To oversee and direct all aspects of departmental simulation education activities on an ongoing basis as it relates to student, resident, fellow, and faculty simulation education. An additional duty of the committee shall be to actively participate as faculty instructors and content designers for simulation education activities, and the Maintenance of Certification in Anesthesiology (MOCA) course.

#### 12. **Technology Utilization Committee**

1. Updating and electronically publishing our policies and guidelines in suitable formats and locations.
2. Keeping an accurate faculty list with contacts.
3. Making resident educational resources easily available.
4. Possibly making iTunes courses for residents.
5. Important faculty information that is not necessarily a policy or guideline to be published

#### A. Ad Hoc Committees

From time to time, the chair may create Ad Hoc committees to address specific needs.

### **Faculty Meetings**

1. Faculty meetings are scheduled upon call of the chair, but not less frequently than once each three months during the academic year. Faculty members are informed by e-mail and in writing of these meetings at least 72 hours in advance of the meeting. Additional meetings may be called at the discretion of the chair as necessitated by matters of general concern or important reports coming from standing or special committees. All professors, associate professors, assistant professors and instructors including chief residents who hold and clinical appointments are invited to all faculty meetings. The department chair or their designee presides at the meeting. The structure is informal. Minutes will be taken at faculty meetings and distributed to the faculty.
2. Meeting agendas are established by suggestions from the faculty and the chair. Because clinical service workload makes it sometimes difficult to establish a quorum, we do not utilize the quorum concept except on matters requiring faculty vote according to COMPH rules. An approval vote on most matters constitutes the majority of those present at the faculty meeting.
3. Attendance at faculty meetings is documented and monitored, and failure to attend at least 50% of faculty meetings may be viewed as unsatisfactory departmental citizenship performance in annual performance reviews.
4. The chair will consult with the faculty as a whole on all matters of policy. Whenever practicable, this consultation will be undertaken at a meeting of the faculty as a whole. The department recognizes in principle the presumption favoring majority rule on all matters covered by the pattern of administration. Decisions are usually made by consensus, compromise, or chair's decision with tacit consent of the faculty. The chair brings policy matters to these meetings for faculty consultation, and these are usually decided by a simple majority vote. All faculty (50% or greater appointment on tenure track or clinical track) and full-time term appointment faculty have a vote on academic matters. When majority rule is not followed on policy matters, the chair explains at a faculty meeting the reason for departing from majority wishes. Where possible this explanation will be

provided before the departure occurs. The explanation will outline the decision of the majority of the faculty, the decision of the department and the reasons the decisions differ. The explanation shall be communicated to the faculty in writing, where possible, or at a faculty meeting, with an opportunity provided for faculty to comment.

### **Allocation of Department Resources**

1. All faculty have access to educational and meeting/travel funds through The Ohio State University Wexner Medical Center.
2. All members of the department have access to office space and to secretarial assistance.
3. Faculty members requiring research space are assigned on a priority basis. Individuals with nationally competitive extramural funding which provides full indirect cost reimbursement (e.g. NIH) will receive highest priority. Requests for research space by faculty without such funding will be considered in the context of available resources, previous or current allocations, and departmental priorities. Faculty members may apply to the chair for travel or seed funding. The chair will make decisions regarding allocation of funds based on the merits of the proposal, the perceived benefit to the faculty member and the department, and the availability of funds.

### **Supplemental Compensation, Conflict of Interest, and External Consulting**

#### **Faculty**

The University's policies with respect to supplemental compensation and paid external consulting are set forth in the [Office of Academic Affairs Policies and Procedures Handbook](#). The information provided below supplements these policies.

#### **Supplemental Compensation**

Supplemental compensation is for temporary work clearly beyond the faculty member's normal assignments, in an amount appropriate to the allocation of time necessary to complete the extra assignment. The extra assignment should be nonrecurring and clearly limited in time and scope. The Department expects faculty members to carry out the duties associated with their primary appointment with the University at a high level of competence before seeking other income-enhancing opportunities. All activities providing supplemental compensation must be approved by the Department chair regardless of the source of compensation. External consulting must also be approved. Approval will be contingent on the extent to which a faculty member is carrying out regular duties at an acceptable level, the extent to which the extra income activity appears likely to interfere with regular duties, and the academic value of the proposed consulting activity to the Department. In addition, it is University policy that faculty may not spend more than one business day per week on supplementally compensated activities and external consulting combined. Faculty who fail to adhere to the University's policies on these matters, including seeking approval for external consulting, will be subject to disciplinary action.

#### **External Consulting**

Faculty members, including administrators with faculty appointments, are encouraged to engage in paid external consulting to the extent that these activities are clearly related to the mission of the University and the expertise of the faculty member, provide direct or indirect benefits to the University, and do not entail a conflict of interest as defined in the Conflict of Interest Policy.

As a general rule, the proportion of a faculty member's professional effort devoted to consulting should not exceed one business day per week. Prior approval must be obtained as outlined in the procedures below.

Faculty members should avoid any conflict or appearance of conflict between consulting and University responsibilities. In particular, the disruption of formal instructional activities because of consulting must be avoided. Consulting during off-duty quarters is not subject to time limitations.

### **Conflict of Commitment**

The University's Conflict of Commitment Policy may be found at:

<http://oaa.osu.edu/assets/files/documents/ConfComm.pdf>. Faculty at The Ohio State University accept an obligation to avoid conflicts of commitment in carrying out their University education, research, scholarship or service responsibilities. This policy is intended to assist faculty members, including administrators and staff with faculty appointments, in avoiding these conflicts and in finding a balance between activities that enhance the University's core purpose—to advance the well-being of the people of Ohio and the global community through the creation and dissemination of knowledge—and those that detract from it.

Faculty should disclose and discuss external commitments with their department chairs and/or deans. If an activity cannot be managed by the faculty member and his/her chair or dean to avoid a conflict of commitment or the reasonable appearance of a conflict of commitment, the faculty member must refrain from participating in the activity.

The University's Financial Conflict of Interest Policy for faculty may be found at:

<http://oaa.osu.edu/assets/files/documents/FinConfInt.pdf>. Faculty at The Ohio State University accept an obligation to avoid financial conflicts of interest in carrying out their professional work. For purposes of this policy, a conflict of interest exists if financial interests or other opportunities for tangible personal benefit may exert a substantial and improper influence upon a faculty member's professional judgment in exercising any University duty or responsibility, including designing, conducting or reporting research.

### **Staff**

For staff, the Ohio State University Medical Center provides the criteria for conflict of interest policy <https://hr.osu.edu/public/documents/policy/policy130.pdf> and states as follows:

University staff members are expected to devote their work activities primarily to functions of the university. They may, however, engage in external work provided that such work does not detract from the performance of their duties and responsibilities to the university and/or create conflict of interest with their assigned university responsibilities. It is expected that such external work will take place outside of the staff member's designated work time. Authorization may be granted to staff members who want to perform work outside of the university during their designated work time. Staff members who wish to engage in external work which may be a conflict of interest must obtain authorization prior to starting the activity. Any such time will be charged to accrued vacation and/or leave without pay.

Staff shall not engage in any external work that may result in a conflict of interest unless prior authorization has been obtained. A conflict of interest exists if financial interests or other opportunities for personal benefit may exert a substantial and improper influence upon an employee's professional judgment in exercising any university duty or responsibility. Staff shall not use their positions to secure anything of value, financial gain, or personal benefit that would not ordinarily accrue to them in the performance of their official duties. Nor shall they accept any compensation from any other agency or

individual for work performed in the course of their employment by the university, except under the limited circumstances permitted in a formal conflict of interest management agreement.

## Definitions

| Term                              | Definition   |
|-----------------------------------|--|
| Designated work time              | Hours agreed upon by supervisor of when an employee will perform work for the university.  |
| External work                     | Any work performed for any person or entity other than the university whether or not it is compensated that poses a potential conflict of interest. External work must be of such a nature and conducted in such a manner as will not bring discredit to the university and must not compromise any intellectual property owned by the university. |
| Externally compensated activities | Any work not performed as a university employee for which compensation is received.  |
| Financial interest                | Anything of monetary value, including but not limited to salary or other payments for services, including fees; honoraria; gifts; or other in kind compensation whether for consulting, membership on a board of directors or advisory board, or any other purpose such as partial, interim, or milestone payments.                                |
| Intellectual property             | Inventions, works of authorship, patents, copyrights, licenses, etc.   |

## Policy Details

### I. Conflict of Interest and Work Outside the University

#### A. State ethics law

All staff members of state-assisted universities are covered by Chapters 102 (Ethics) and 2921 (Offenses Against Justice and Public Administration) of the Ohio Revised Code. In accordance with the law, copies of Chapters 102 and 2921 will be provided to each new faculty or staff member.

#### B. External work

Staff engaging in external work must avoid the use of information or procedures that may involve a conflict of interest with assigned university responsibilities, particularly as related to an area of ongoing research, including sponsored programs with specific contractual restrictions. Failure to adequately perform university responsibilities due to involvement in external work is considered neglect of duty and may result in termination, regardless of whether the activity is approved.

#### C. Duty to disclose and prior approval

1. Staff must disclose in advance all external work and financial interests that create or have the appearance of creating a conflict of interest to the appropriate college/unit representative. The college/unit representative will review and determine if any conflict of interest exists and what conditions or restrictions, if any, should be identified to manage, reduce, or eliminate the conflict.
2. Staff disclosures shall be sufficiently detailed and timely as to allow accurate and objective evaluation prior to making commitments or initiating work that creates a conflict of interest. The information must accurately represent the issues and be truthful, clear and complete. Each member of the university community has an obligation to cooperate fully in the review of the pertinent facts and circumstances.
3. Staff requests to engage in external work during designated work time must be pre-approved by the appropriate college/unit representative. External work must be reported using the Staff External Work

Reporting form. If the conflict cannot be managed, reduced or eliminated, the employee will need to decide whether to remain a university employee or to decline the external work.

4. Job applicants must disclose potential conflicts of interest and make acceptable arrangements with the employing unit. These arrangements must be included in the letter of offer. The inability to reach an acceptable arrangement regarding a conflict of interest will result in termination or non-selection.

#### D. Accountability

Violations of this policy include failure to report potential conflicts or to abide by an alternative arrangement plan. The university has the right to issue corrective action consistent with university policies, practices and state law. Severity of the corrective action depends on the extent of the policy violations.

### II. Use of University Resources

#### A. Use of university name

Staff members engaging in external work shall not use the name of The Ohio State University, its units, or any other university trademark, service mark, or trade name in such a manner as to suggest institutional endorsement or support of a non-university enterprise, product, or service. Neither business cards bearing the university name, address and campus telephone numbers nor university stationery are to be used in such a manner as to suggest institutional endorsement or support of a non-university enterprise, product, or service.

#### B. Use of university staff

Staff members engaging in external work must not use other university employees during designated work time, unless authorized by a formal conflict of interest management agreement (refer to University Rules Governing Faculty and Staff Participation in Companies Commercializing Their University Research).

#### C. Use of facilities

University space, supplies, computer resources and equipment cannot be used for external work unless permission is obtained prior to their use and appropriate fees are paid to the university for the use of such

#### D. Use of university intellectual property

University intellectual property must not be used for external work purposes except as approved by the university prior to its use and/or as outlined in the University Rules Governing Faculty and Staff Participation in Companies Commercializing Their University Research and the Policy on Patents and Copyrights.

### III. Compensated External Work

Staff must use accrued vacation or compensatory time (non-exempt staff only) and/or leave without pay for externally compensated work occurring during designated work time. The following are some examples of compensated services (not an exhaustive list):

A. Providing services to a corporation, business, or industry as an individual officer, director, owner, agent, consultant, or staff member.

B. Providing services to a school system, educational institution, or governmental agency as a scheduled lecturer, consultant, or staff member.

C. Providing services to a private foundation or professional or trade association as a consultant, officer, director, or staff member.

- D. Providing services as a voluntary expert witness in any civil or criminal case.
- E. Providing private lessons or tutoring.
- F. Providing services as an editor or reviewer for professional journals.
- G. Providing services to symphonies, choruses and theatrical activities.

IV. Non-Compensated External Work

Staff who participate in non-compensated external work during designated work time should use accrued vacation or compensatory time (non-exempt staff only) and/or leave without pay.

Approved work activities that serve to enhance the university and for which no compensation is involved, such as serving on accreditation teams and university-sponsored volunteer work, (excluding travel and meal allowances) will not be subject to this provision. Prior approval must be obtained from the staff member’s supervisor to participate in such activity during work time.

PROCEDURE

Issued: 10/01/1973  
 Edited: 04/14/2014

I. Commercialization of Work Performed in the University

State law and the university Policy on Patents and Copyrights govern the intellectual property rights of employees. Staff who wish to participate in the commercialization of their university work must adhere to the specific standards and requirements as stated in the Policy on Patents and Copyrights and the University Rules Governing Faculty and Staff Participation in Companies Commercializing Their University Research.

II. Reporting External Work

A. Staff who wish to pursue external work must complete the Staff External Work Reporting Form only if the activity presents a potential conflict of interest. Staff must present the form to their department chair, director or designee for approval prior to engaging in external work. For help identifying and managing potential conflicts of interest, contact Human Resources Employee and Labor Relations or the Office of Legal Affairs.

B. Staff and her/his department chair, director or designee must review and update reporting forms annually, as appropriate.

Responsibilities

| Position or Office | Responsibilities   |
|--------------------|--|
| Employing Unit     | 1. Incorporate this information into New Employee Orientation.<br>2. Review the Staff External Work Approval Request form and determine approval or need for alternative arrangements.<br>3. Identify conflict of interest at the hiring stage and prepare alternate arrangement plan, if appropriate.<br>4. Help staff develop alternative arrangements.<br>5. Include alternate arrangement plan in the letter of offer.<br>6. Disseminate information about this policy annually.<br>7. Monitor alternative arrangements. |

|                           |   |
|---------------------------|---|
|                           | 8. Review and update reporting forms annually with staff members.   |
| Office of Human Resources | Consult with units and/or employees regarding this policy and alternative arrangements.   |
| Employee                  | <ol style="list-style-type: none"> <li>1. Disclose all necessary information to the college/unit representative if there is a potential that a conflict of interest exists. Disclosure should take place prior to the start of external work. The college/unit will determine if a conflict of interest or conflict of commitment exists.</li> <li>2. Submit Staff External Work Reporting Form and cooperate in establishing alternative arrangements.</li> <li>3. Await approval prior to engaging in external activities.</li> <li>4. Contact the Office of Technology Commercialization and Knowledge Transfer in cases potentially involving intellectual property rights. This contact must occur prior to the use or commercialization of any intellectual property.</li> <li>5. Update unit/supervisor if changes occur to the alternative arrangements.</li> </ol> |

## Resources

Forms:

- Confidential Invention Disclosure Form <https://tco.osu.edu/tools-resources/invention-disclosure/>
- Staff External Work Approval Request form, <https://hr.osu.edu/wp-content/uploads/form-staff-external-approval.pdf>

## More information:

- Ohio Revised Code Chapter 102.01 Public Officers – Ethics, <http://codes.ohio.gov/orc/102>
- Ohio Revised Code Chapter 2921.01 Offenses against justice and public administration, <http://codes.ohio.gov/orc/2921>
- Patents and Copyrights, Policy on, <https://tco.osu.edu/wpcontent/uploads/2013/09/PatentCopyrightPolicy.pdf>
- University Rule 3335-13-03, <http://trustees.osu.edu/university/facultyrules>
- University Rules Governing Faculty and Staff Participation in Companies Commercializing Their University Research, <http://trustees.osu.edu/university/facultyrules>

## Contacts

| Subject                                  | Office  | Telephone    | E-mail/URL  |
|--|---|--------------|---|
| Policy interpretation                    | Employee and Labor Relations, Office of Human Resources       | 614-292-2800 | <a href="mailto:hr-elr@osu.edu">hr-elr@osu.edu</a><br><a href="https://hr.osu.edu/services/elr/">https://hr.osu.edu/services/elr/</a> |
| Legal issues, intellectual property      | Office of Legal Affairs                                       | 614-292-0611 | <a href="http://legal.osu.edu/">http://legal.osu.edu/</a>   |
| Commercialization, intellectual property | Office of Technology Commercialization and Knowledge Transfer | 614-292-1315 | <a href="mailto:innovation@osu.edu">innovation@osu.edu</a>  |

## History

Issued: 10/01/1973 Issued as Conflict of Interest, applicable to faculty and staff

Revised: 10/01/1980

Edited: 10/31/1997

Revised: 02/20/1998 Applicable to faculty, staff and student employees

Revised: 10/15/2001 Renamed Conflict of Interest and Work Outside the University, applicable to staff

Edited: 08/15/2008

Revised: 07/01/2012

Edited: 04/14/2014