

# **PATTERN OF ADMINISTRATION**

**The Ohio State University  
College of Medicine  
Department of Family Medicine**

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## **INTRODUCTION**

This document is intended as a brief description of the organization of the Department of Family Medicine of The Ohio State University College of Medicine and a compilation of the policies and procedures which affect its members. It is intended as a supplement not a replacement for *Rules of the University Faculty*, the Office of Academic Affairs Policies and Procedures Handbook, and other rules, policies, and procedures established and published by the University. University statutes, rules, and policies, and changes in these statutes, rules, and policies supersede statements presented here.

This document is subject to continuing revision. Changes may be made at any time if also approved by the College and the Office of Academic Affairs. It must be reviewed, and either revised or reaffirmed, on appointment or reappointment of the Department's Chair.

### **I. THE MISSION OF THE DEPARTMENT OF FAMILY MEDICINE**

**Mission Statement:** The mission of the Department of Family Medicine at The Ohio State University College of Medicine is to optimize the quality of people's lives by advancing family medicine principles through:

- Service
- Education
- Research and scholarship
- Personalized health care
- Community engagement

**Vision Statement:** The Ohio State University Department of Family Medicine will be a recognized leader in shaping the future of family medicine.

**Values Statement:** The Ohio State University Department of Family Medicine is committed to:

- Excellence
- Compassion
- Integrity
- Collaboration
- Innovation

### **II. FACULTY**

#### *A. Faculty Membership In The Department Of Family Medicine*

The faculty shall be comprised of individuals who have a full-time or part-time academic appointment in the Department of Family Medicine. This includes tenure track, clinical, research and associated faculty.

Regardless, per university rules as delineated in the Department of Family Medicine AP&T Guidelines and Policies, Department faculty are to be consulted in the initiation, review, and selection of new faculty members. The role and duties of the Chair are outlined in 3335-3-35 of the Administrative Code. The President of the University and the Dean of the College of Medicine are members of the faculty.

B. *Faculty (3335-5-19)*

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

**Tenure Track Faculty** – Persons with the titles of professor, associate professor, assistant professor, and instructor who serve on appointments totaling 50% or more service to the University.

**Clinical Faculty** – Persons with the titles of instructor of clinical family medicine assistant professor of clinical family medicine, associate professor of clinical family medicine or professor of clinical family medicine who serve on appointments totaling 50% or more service to the University. Clinical faculty members are not eligible for tenure. Clinical faculty may not participate in promotion and tenure matters of tenure track faculty, but otherwise may participate in all matters of Department, College, and University governance unless otherwise stipulated. Clinical faculty are appointed for terms of three to five years, and may be reappointed to successive terms. Procedures for reappointment and promotion are defined in the College Appointment, Promotion, and Tenure Document.

**Research Faculty** – Persons with titles of research assistant professor, research associate professor and research professor. Research faculty serve on appointments totaling 50% or more service to the University. Research faculty members are not eligible for tenure. Research faculty may not participate in promotion and tenure matters of tenure track faculty, and may participate in all matters of Department, and College issues as determined by tenure track and clinical faculty. Research faculty are appointed for terms of one to five years, and may be reappointed to successive terms. Procedures for reappointment and promotion are defined in the College Appointments, Promotion, and Tenure Document.

**Associated faculty** – are persons with clinical practice titles, adjunct titles, visiting titles, and lecturer titles; also professors, associate professors, assistant professors, and instructors

- a. **Clinical Practice Faculty** are persons with clinical titles of clinical instructor, clinical assistant professor, clinical associate professor, and clinical professor who are employed either full or part time through University or OSU Physicians. These titles shall be used to confer faculty status on individuals who have credentials comparable to clinical faculty of equivalent rank. Clinical appointments are made for the period in which the service is provided not to exceed three years, although appointments are renewable contingent upon continued service to the Department. Individuals with clinical practice titles who are compensated more than 50% FTE through the Department of Family Medicine or Family

Medicine Faculty Group Practice will have the same governance rights at the department level as regular clinical faculty unless these rights are explicitly limited by the University or College of Medicine. Procedures for promotion are defined in the College Appointments, Promotion, and Tenure Document.

- b. **Adjunct Faculty** - The titles of adjunct instructor, adjunct assistant professor, adjunct associate professor, and adjunct professor shall be used to confer faculty status on individuals who have credentials comparable to clinical or equivalent rank, who provide significant, uncompensated service to the instructional and/or research programs of the University and who need a faculty title to perform that service. Significant service would include teaching the equivalent of one or more courses, advising graduate students or serving on graduate committees, and serving as a co-investigator on a research project. Such individuals may be either non-university employees or University employees compensated on a non-instructional budget. Adjunct appointments are made for the period in which the uncompensated service is provided not to exceed three years; renewal is contingent upon continued significant contributions.
- c. **Visiting Faculty** - The titles of visiting instructor, visiting assistant professor, visiting associate professor, and visiting professor, shall be used to confer faculty status on individuals who have credentials comparable to tenure or clinical track faculty of equivalent rank who spend a limited period of time on formal appointment and in residence in the department for purposes of participating in the instructional and research programs of the University. A visiting appointment cannot exceed three continuous academic years of service.
- d. **Lecturer** - The titles of lecturer and senior lecturer shall be used for all compensated instructional appointments where other titles are not appropriate.
- e. **Emeritus Faculty** – are persons who have served the University and who, upon retirement, were recommended by the Chair, the Dean, and the Executive Vice President and Provost, and confirmed by the Board of Trustees for emeritus status. Emeritus faculty may not vote at any level of governance and may not participate in promotion and tenure matters but may have such other privileges as the Department or the Office of Human Resources may provide.

### C. *Voting Faculty*

For governance purposes, the voting faculty of the Department will include only tenure track faculty, clinical, research and paid associated faculty. A quorum, for purposes of voting on governance issues, will be 51% of eligible voting faculty members being present. Decisions will be made based on simple majority, 51% of the quorum.

For non-governance purposes, voting faculty of the Department will include only tenure track faculty, clinical, research and paid associated faculty. A quorum, for purposes of voting on non-governance issues, will be faculty members present. Decisions will be made based on simple majority, 51% of the quorum.

D. *Meetings (3335-5-18)*

1. The Department shall hold faculty meetings at the discretion of the Chair, but at least monthly for informational and decision-making purposes on academic and clinical issues. Notification of these meetings will be publicized in advance. If canceled, appropriate notice will be given.

A formal agenda will be developed and publicized in advance of each meeting by the Chair to include standing items plus any as requested by individual faculty members. The agenda will be approved by formal vote at the outset of each meeting and will be followed during the meeting.

2. All professors, associate professors, assistant professors, and instructors who hold tenure track, clinical or research appointments as well as associated clinical faculty who are salaried by the Department will be invited. Attendance is expected. Administrative staff persons, or other staff members, may be invited as appropriate.
3. The topics covered in faculty meetings will be comprised of issues from committees as presented by the chair of the committee, issues from the Chair of the Department, issues from representatives of College and University committees, and faculty members who wish to raise particular items for discussion.
4. Minutes will be taken and subsequently approved on a formal basis, amended as necessary.

E. *Binding Commitments*

No contracts or other types of binding commitments relative to the Department will be entered into without the signature of the Chair, or designee.

### **III. ORGANIZATION OF DEPARTMENTAL SERVICES**

The Chair is responsible for the organization of services in the Department. In addition to the administrative roles of the chairs of committees, other services are organized as follows:

A. Rardin Family Medicine Center

This site functions as a model ambulatory care training setting. As appropriate, family medicine care is provided to patients on an independent and/or supervised basis by family medicine faculty, family medicine residents, and medical students.

B. OSU Family Medicine CarePoint East

This site functions as the ambulatory training center for the urban track residency program.

#### C. Family Medicine Center(s)

These sites serve primarily for medical practices related to family medicine services. From an educational perspective, these sites are used selectively for fellowship training, residency training, and medical student rotations.

#### D. Center for Integrative Medicine

This site serves primarily for medical practices related to integrative medicine. While there is an element of family medicine rendered to patients in this setting, most health care delivery is targeted toward the mission of the respective complementary and alternative medicine modalities. From an educational perspective, this site is used selectively for fellowship training, residency training, and medical student rotations.

#### E. Sports Medicine Sites

These sites serve primarily for medical practices related to sports medicine services. While there is an element of family medicine rendered to patients in these settings, most health care delivery is targeted toward the mission of sports medicine. From an educational perspective, these sites are used selectively for fellowship training, residency training, and medical student rotations.

#### F. Occupational Medicine Sites

These sites serve primarily for medical practices related to occupational medicine services. While there is an element of family medicine rendered to patients in these settings, most health care delivery is targeted toward the mission of occupational medicine. From an educational perspective, these sites are used selectively for residency training and at times for medical student rotations.

#### G. In-Patient Family Medicine Service(s)

These services provide hospital-based care for family medicine patients primarily for the purpose of training family medicine residents but also for the purpose of teaching medical students. Patients typically are dismissed to the continuity of care panels of the family medicine residents and/or family medicine faculty members.

### **IV. OVERVIEW OF DEPARTMENTAL ADMINISTRATION & DECISION MAKING**

Ideally all departmental policy and programmatic decisions will be made with input by faculty of the Department as a whole or by standing or special committees of the Department's faculty. The Department will operate on the principle that the more important the issue to be decided, the more extensive the agreement on a decision needs to be. Open and widely shared discussion, both formal and informal, will constitute the

primary method of reaching agreement on basic decisions. Ultimately, however, the Department's Chair must retain responsibility for final decisions or recommendations to a higher level of administration.

## **V. APPOINTMENT, PROMOTION, TENURE, AND TERMINATION OF FACULTY**

Guidelines for appointments, promotion, tenure and termination are detailed in a separate departmental document.

## **VI. DEPARTMENT CHAIR'S RESPONSIBILITY AND ADMINISTRATION**

### **A. "Chair of Department" (3335-3-35)**

1. There shall be a Chair of the Department who shall be the administrative head. The Chair will represent the faculty of the Department to the Dean of the College of Medicine or others in University administration. Upon the nomination by the President, the Chair shall be appointed for a term of four years by the Board of Trustees. A Chair shall be eligible for reappointment. In selection of a Chair, the President shall confer with the Dean of the College of Medicine. The Dean, in turn, will consult the faculty of the Department, as well as other appropriate University officials.

The President may remove a Chair during a four-year term after consultation with the voting faculty and Dean of the College of Medicine. The views of the faculty shall be given substantial weight in arriving at any decision to remove a Chair from office.

2. The duties of the Chair of the Department shall be as follows:
  - a. To have general administrative responsibility for its program, subject to the approval of the Dean of the College of Medicine.
  - b. To develop, in consultation with the faculty, a Pattern of Departmental Administration. This Pattern of Departmental Administration shall be made available to all current and prospective members of the faculty of the Department of Family Medicine. A copy shall be maintained in the office of the Dean of the College of Medicine and in the office of the Executive Vice President and Provost.
  - c. To prepare, after consultation with the faculty and in accordance with the Pattern of Departmental Administration, a statement setting forth the criteria and procedures according to which recommendations are made concerning appointments and/or dismissals, salary adjustments, promotion in rank, and matters affecting tenure of faculty. This statement shall be made available to all current and prospective members of the Department of Family Medicine and a copy shall be maintained in the office of the Dean of the College of Medicine

and in the office of the Executive Vice President and Provost. At the beginning of each four-year term of the Chair of the Department, the members of the Department, the office of the Dean of the College of Medicine and the office of the Executive Vice President and Provost shall receive either a revision or reaffirmation of the original statement.

- d. To operate the business of the Department of Family Medicine productively and efficiently.
- e. To plan with the members of the faculty and the Dean of the College of Medicine a progressive program.
- f. To continuously evaluate and improve the instructional and administrative processes.
- g. To serve as Compliance Officer in relation to College and Hospital matters.
- h. To evaluate faculty members annually in accordance with university and department established criteria.
- i. To inform faculty members when they receive their annual review of their right to review their primary personnel file maintained by their tenure initiating unit and to place in that file a response to any evaluation, comment, or other material contained in the file.
- j. To recommend to the dean of the college, after consultation with the faculty in accordance with procedures set forth in Faculty Rule 3335-6 (<http://trustees.osu.edu>) and this department's Appointments, Promotion and Tenure document appointments, promotions, dismissals, and matters affecting the tenure of members of the department faculty.
- k. To encourage research and educational investigation.
- l. To see that all faculty, regardless of their assigned location, are offered the departmental privileges and responsibilities appropriate to their rank and, in general, to maintain a high level of morale among departmental faculty members.
- m. To see that adequate supervision and training are given to those members of the faculty and staff who may profit by such assistance.
- n. To prepare annual budget recommendations for the consideration of the Dean to the College of Medicine.

- o. To promote improvement of instructions by providing for the evaluation of each course of study when offered, including written evaluation by learners in the course and instructors, and periodic course review by the faculty.

**B. *Pattern of Departmental Administration***

1. The Department Chair shall inform the faculty on matters involving educational and academic policies. When practical, the faculty shall be consulted at a meeting of the faculty as a whole. Matters involving administrative policies and procedures may be undertaken by the Chair or a committee.
2. The regular faculty shall be consulted in the initiation, review, and selection of new regular faculty members for appointment.
3. The Department recognizes, in principle, the presumption favoring majority rule on all matters covered by the Pattern of Departmental Administration. It is the responsibility of the Chair to communicate to the faculty the reason for departure from any majority decision. The explanation shall be communicated in written form and through a formal meeting of the faculty as a whole with ample opportunity for the faculty to comment.
4. The Department shall hold meetings at the discretion of the Chair, but at least monthly during the academic year.
5. Special faculty meetings may be called at the Chair's discretion.
6. The Chair shall maintain minutes of all faculty meetings and maintain records of all actions covered by the Patterns of Departmental Administration.
7. The Chair is responsible, at the Department level, for the "Criteria and Procedures for Salary Increases, Promotions in Rank, and Granting of Tenure".
8. The Chair may develop standing committees, special committees, task forces, etc., to meet departmental needs. The selection of faculty will be based on expertise, interest, and work load.

**VII. VICE CHAIR(S)**

The Department will have Vice Chair positions as needed. These may include: Vice Chair for Clinical Affairs, Vice Chair for Education, Vice Chair for Research, Vice Chair for Academic Affairs, Vice Chair for Quality, and Vice Chair for Community Health.

A. *Duties*

1. The Department Chair has the final responsibility for academic and clinical affairs of the Department. However, in the absence of the Chair, such responsibilities may be delegated.
2. The Vice Chair(s) will be responsible for all duties assigned by the Chair.

B. *Selection of Vice Chair(s)*

Appointment of the Vice Chair(s) shall be made by the Department Chair.

C. *Evaluation of Vice Chair(s)*

Evaluation of Vice Chair(s) shall be done on an annual basis by the Department Chair.

D. *Term*

Each Vice Chair will serve for a term of four years and shall be eligible for reappointment. Each Vice Chair will be reviewed at the conclusion of the fourth year of his/her term. Such review(s) will be conducted by the Department Chair and will be based on the results of preceding annual reviews.

## **VIII. PROGRAMS AND PROGRAM DIRECTORS**

A. *Academic Programs*

The Academic Programs of the Department of Family Medicine are primarily focused on advancing the discipline of family medicine through education and training, research, and scholarship. These Programs include Research, Medical Student Education, Residency Training, Fellowship, and Continuing Medical Education.

B. *Clinical Programs*

The Clinical Program(s) of the Department of Family Medicine are primarily specialized family medicine services. While there is an element of family medicine rendered to patients through a given Program, most healthcare delivery is targeted toward the mission of the particular Clinical Program. Presently, the Programs are Integrative Medicine, Occupational Medicine, and Sports Medicine.

C. *Duties*

Each Program Director will be responsible for the teaching, research, and clinical activity appropriate to the respective program, as well as approved fellowship programs. Program Directors will be actively involved in faculty development and

recruitment for their respective program. In addition, Program Directors will be responsible for establishing a program budget and for allocating funds.

D. *Selection of Program Directors*

The Program Director for the Family Medicine Residency will be selected jointly by the Chair of the Department of Family Medicine and the Director of Graduate Medical Education. The Program Director of the Primary Care Sports Medicine Fellowship Program will be selected jointly by the Chair of the Department of Family Medicine, the Director of the Sports Medicine Division, and the Director of Graduate Medical Education. All other departmental Program Directors will be selected by the Chair.

E. *Evaluation of Program Directors*

Evaluation of Program Directors shall be done on an annual basis. The annual evaluation of the Program Director for the Family Medicine Residency will be conducted jointly by the Chair of the Department of Family Medicine and the Director of Graduate Medical Education. The annual evaluation of the Primary Care Sports Medicine Fellowship will be conducted jointly by the Chair of the Department of Family Medicine, the Director of the Sports Medicine Division, and the Director of Graduate Medical Education. All other departmental Program Directors will be evaluated annually by the Department Chair.

F. *Term*

Each Program Director will serve for a term of four years and shall be eligible for reappointment. Each Program Director will be reviewed at the conclusion of the fourth year of his/her term, in accordance with the College of Medicine policy.

**IX. COMMITTEE ASSIGNMENTS AND OBJECTIVES**

A. GUIDELINES

1. *Appointments*

Appointments to standing committees and the appointment of the chairs of these committees shall be made by the Chair of the Department.

2. *Term of Office*

The normal term of office will be three years. A faculty member shall be eligible for reappointment to the same committee. The term of office for each committee may be adjusted to enhance the efficiency and effectiveness of the committee. The chair is an *ex-officio* member of every department committee, non-voting on the Committee of Eligible Faculty.

### 3. *Meetings*

Each standing committee shall meet upon the announcement by the chair of the committee. The frequency of the meetings will be related to the purpose of the committee.

## B. OBJECTIVES OF STANDING DEPARTMENTAL COMMITTEES

Each committee, in consultation with the Chair, establishes operating policies and procedures consistent with committee's objective, and in accordance with the rules of the Department, College, and University. Membership for individual committees will be based on the necessary representation to cover the diverse interests of the faculty.

- *Executive Committee*  
Assists in decisions regarding departmental administration and compliance issues reflecting recommendations by other standing departmental committees.
- *Appointments, Promotion, and Tenure Committee*  
Summarizes the credentials of all candidates for appointment, promotion, or tenure according to Department, College, and University guidelines to facilitate the review of cases by eligible departmental faculty and the Chair.
- *Finance Committee*  
Represents the Department's interest regarding all revenues and expenditures, regardless of source. The Chair of the Department, or designee, holds the responsibility for approval on all checks from FMF, Inc. and will serve as the Department's financial representative to the College of Medicine's Practice Plan.
- *Medical Student Education Committee*  
Responsible for the evaluation of the curriculum, student performance, and faculty teaching skills in accordance with the College of Medicine and the goals of the Department.
- *Program Evaluation Committee*  
Assists the Family Medicine Residency Director in all matters related to the program, to include competency-based curriculum development and evaluation, faculty and resident recruitment, evaluation and retention, compliance with guidelines established by the Family Medicine Residency Review Committee, OSU College of Medicine, and Department, and annual review of the program's goals and objectives. Responsible for clinical site operations where residents see patients.
- *Research Committee*  
Represents the Department's interest regarding research and scholarship relative to assuring quality and appropriateness of work, particularly grant applications. The Committee members will function to advise faculty regarding writing style, format,

and substance. The Committee will not function in any manner that can be construed as precluding academic freedom.

- *Development Committee*  
Represents the Department's interest regarding securing and accounting moneys secured through gifts to the Department.
- *Practice Improvement and Quality Committee*  
Meets monthly to review and advance the clinical enterprise within the department. The committee members consist of the lead physicians, facility managers, and care coordinators from the practice sites along with the director of ambulatory services. The committee is co-chaired by the Vice Chair for Clinical Services and the Vice Chair for Quality. This committee reviews practice processes and improvements, quality and patient safety process and data, value based contracting, PCMH, and any other issues affecting clinical practice.
- *Search Committee*  
Each search committee will be established with representatives from the department including a diversity advocate and procedures oversight designee as well as at least one external representative. The committee prepares position descriptions per vacant positions, advertises availability of positions, recruits potential applicants, screens applicants, and recommends final candidate(s) to the Chair.

## **X. DEPARTMENT FACULTY WORKLOAD POLICY**

While faculty, individually and collectively, in the Department of Family Medicine generally are involved in all three elements of the University's mission – research, teaching, and service – there will be differences among faculty members in the relative amounts of effort each spends in these three areas. Hence, there may be significant differences in the assignment of responsibilities to individual faculty members at the discretion of or in negotiation with the Chair. Such differences in responsibilities will reflect individual faculty member's strengths, interests, and abilities and will be based on three principles: 1) overall departmental workload expectation to ensure a balance of faculty time and effort spent in teaching, research, and service is the responsibility of the Chair; 2) types and amounts of instruction needed to accomplish the teaching mission of the Department; and 3) general expectations for research and creative activity by the faculty at any particular time.

## **XI. FACULTY DUTIES AND RESPONSIBILITIES**

During on-duty periods, faculty members are expected to be available for interaction with students, research, and departmental meetings and events even if they have no formal assignment. On-duty faculty members should not be away from campus for extended periods of time unless on an approved leave (see section XIII) or on approved travel.

The guidelines outlined here do not constitute a contractual obligation. Fluctuations in demands and resources within the Department and individual circumstances of faculty

members may warrant temporary deviations from these statements. Assignments and expectations for the coming year are addressed as part of the annual review by the department chair. A full-time faculty member's primary professional commitment is to Ohio State University and the guidelines below are based on that commitment. Faculty who have professional commitments outside of Ohio State during on-duty periods (including teaching at another institution; conducting research for an entity outside of Ohio State; external consulting, malpractice consulting) must disclose and discuss these with the chair in order to ensure that no conflict of commitment exists. Information on faculty conflicts of commitment is presented in the OAA Faculty Conflict of Commitment policy (<http://oaa.osu.edu/assets/files/documents/conflictofcommitment.pdf>). Faculty Group Practice agreements for faculty 50% or greater prohibit the practice of medicine outside of Ohio State. For those less than 50% time, documentation must be submitted to the Chair prior to practicing medicine outside of Ohio State to ensure that documentation is included as part of the employment agreement.

#### A. *Instructional Activity*

All faculty members are expected to participate in some form of undergraduate, graduate, medical student, resident, or continuing medical education instruction for which they receive formal evaluations on an annual basis.

#### B. *Scholarly Activity*

All faculty members are expected to demonstrate scholarly productivity by publishing in peer-reviewed journals. Associate professors are expected to continue publishing at approximately the same rate as assistant professors, and are expected to begin developing national reputations within some area of expertise as demonstrated by involvement in professional organizations at a national level. Full professors, while they are expected to continue their scholarly activities, are also expected to take an active role in assisting with the development of the careers of junior faculty through collaborative research, publication activity, and serving on formal mentorship committees for the junior faculty.

Untenured faculty members who are on the tenure track are expected to submit research proposals for external funding and, if not funded, receive above average scores from peer-reviewed granting agencies prior to the completion of their sixth year of service. While continued grant submissions and funding are an expectation for tenured faculty members, tenured faculty whose activities are predominately research are expected to either have external funding or consistently high scores on their externally peer-reviewed grant submissions.

#### C. *Service Activity*

With the exception of those faculty members who are assigned research activities for 100 percent of their time and those who have negotiated a non patient care workload assignment with the Chair, all physician and other health care provider faculty members are expected to devote time to direct patient care activity. In addition, all faculty

members are expected, at a minimum, to participate in one or more Department, College, University, or Hospital committee(s).

#### D. *Balance Between Instructional, Scholarly, and Service Activity*

Each academic/clinic program within the Department of Family Medicine is expected to be productive within each of these three areas. It is the responsibility of the program director to insure that an appropriate balance of activities is maintained between faculty members consistent with the expectation of the division.

## **XII. TRAVEL POLICY**

During the course of fulfilling one's responsibilities as a member of the faculty or staff, it is sometimes necessary to attend professional meetings, external to campus. The Department recognizes a responsibility to encourage and support such activity. Travel supported by the Department of Family Medicine must be approved as part of the annual travel budget, with the exception of that which is approved separately by the Chair. Faculty and staff can request travel support for the following reasons:

- Requested to attend regarding matters important to the Department.
- Professional abstract/paper submitted and accepted for presentation per a peer-review process.
- Required to attend because of elected or appointed service role in sponsoring organization.
- New to the Department and/or the profession with a need to establish professional experience and knowledge base.
- Recommended to attend by Chair of Department for professional development reasons.
- Personal desire to attend for professional development reasons.

**Expectations:** The Department follows the University Travel Policy. For all pre-approved travel per the annual departmental travel budget referenced above, each traveler must submit an OSU travel request prior to the trip and book airfare at least 30 days in advance of the trip. Upon return from the trip the traveler must submit for reimbursement within 90 days. Upon return from the professional meeting and usually not later than the next regularly scheduled faculty meeting, a written and/or oral report will be made to the Chair and/or faculty, as appropriate. If the purpose of the professional travel was primarily for continuing education purposes then it is expected that the new learning(s) be shared in an appropriate venue and time to the benefit of the greatest number of persons.

## **XIII. LEAVES & ABSENCES**

The Department of Family Medicine uses established College, University, and OSUP policies regarding how leaves are considered and approved and how leaves of absences from duty are handled. Leave for vacation, sick, unpaid, parental, etc will be requested through the **eleave.osu.edu** system. Leave associated with attending scientific/professional meetings is completed through **busleave.osu.edu**. In addition, the Department requires

faculty to request leave at least 30 days in advance. Reference should be made to the Office of Academic Affairs Policies and Procedures Handbook, Faculty Rule 3335-5-08 and the university policy on leaves of absence, <http://hr.osu.edu/policy/policy645.pdf>.

- A. Information on faculty professional leaves is presented in the OAA Policy on Faculty Professional Leaves (<http://oaa.osu.edu/assets/files/documents/facultyprofessionalleaves.pdf>). The information provided below supplements these policies. The department's executive committee will review all requests for faculty professional leave and make a recommendation to the department chair based on the request complying with university policies regarding faculty leave.

#### **XIV. COMPENSATION FROM PATIENT CARE AND EXTERNAL CONSULTING ACTIVITY**

The Department of Family Medicine compensation program includes an academic base that is benchmarked against AAMC on an annual basis. The academic base is used to set salaries associated with academic, research, and administrative responsibilities. The faculty member's clinical compensation is based on the clinical compensation plan for the appropriate clinical focus (family medicine, sports medicine, occupational medicine, integrative medicine, psychology).

All external consulting requires preapproval. A form available from the Office of Academic Affairs must be completed and signed at department, college, and university levels approving each consulting event. The practice of medicine is not allowed as a consulting activity. For example, faculty who are members of Faculty Group Practice and who are compensated for patient care activities must be in compliance with their respective Physician Employment Agreement as well as the Ohio State University Physicians, Inc. Conflict of Interest Policy.

#### **XV. ANNUAL SALARY ADJUSTMENTS**

Guidelines for annual salary adjustments, including merit increases, are detailed in a separate departmental document.

#### **XVI. FINANCIAL CONFLICT OF INTEREST**

The Department of Family Medicine does not have a unique Financial Conflict of Interest policy but follows that of the University. Please see Financial Conflict of Interest Policy for Faculty at:

- <http://legal.osu.edu/ethics.php>
- <http://purchasing.osu.edu/policies/default.aspx>
- <http://oaa.osu.edu/handbook/coipolicy.html>

#### **XVII. GRIEVANCE PROCEDURES**

A. Promotion and Tenure Appeals

Please see Section V, “Appointment, Promotion, Tenure, and Termination of Faculty.”

B. Salary Appeals

The Salary Appeals Process of the University is the basis of salary appeals at the Department level.

C. Learner Complaint

If a complaint is made by a learner against a departmental faculty member, the Chair will discuss the complaint with the person bringing the complaint and the faculty person against whom the complaint is lodged. If the Chair believes the complaint has no merit, an explanation will be provided both to the learner and to the faculty member. If the Chair determines that the complaint has merit, he/she will work with the faculty member to resolve the related issue(s).

In all cases of alleged complaints, a report of the complaint, the finding, and resolution, if relevant, will be prepared and placed in the faculty member’s personnel file. A copy will be given to the faculty member. If the complaint is found to have no merit, this record protects the faculty member. If the complaint has merit and resolution is necessary, this record may be relevant to future complaints or to determine whether a pattern of any consequence exists.

D. Staff Grievances

Staff may present grievances about working conditions, treatment by others, or other problems that, if true, would warrant remedial action. The Chair, or designee if the complaint involves the Chair, will investigate the situation to determine the validity of the grievance and follow up as appropriate. As necessary, the Office of Consulting Services will be consulted for advice in addressing a staff member grievance.

E. Grievance Alleging Discrimination

Grievances alleging discrimination will be made to the Chair. The Chair will consult the Office of Consulting Services for proper handling of the complaint or grievance.

F. Allegations of Misconduct

Misconduct includes violations of University rules and policies, violation of laws, and behavior that any reasonable person would judge to be unacceptable whether articulated or not in a specific policy or law. Allegations of misconduct will be referred to the appropriate University office, for example, criminal behavior to University Police, medical student academic misconduct to the Student Council of the College, staff misconduct to the Office of Counseling Services, faculty misconduct handled per

Faculty Rule 3335-5-04, and allegations of sexual harassment handled per the OSU Policy and Procedures on Sexual Harassment.

G. Sexual Harassment

The university's policy and procedures related to sexual harassment are set forth in OHR Policy 1.15, [www.hr.osu.edu/policy/index.aspx](http://www.hr.osu.edu/policy/index.aspx).

H. Medical Student Honor Code

The College of Medicine's policy on medical student conduct is found at: [http://medicine.osu.edu/students/life/resources/honor\\_code/Pages/index.aspx](http://medicine.osu.edu/students/life/resources/honor_code/Pages/index.aspx).