

# **PATTERN OF ADMINISTRATION**

## **The Ohio State University College of Medicine Department of Family and Community Medicine**

Approved by Faculty: 6/22/98  
Revised and Re-approved: 8/09/99  
Revised and Re-approved: 2/01/01  
Revised and Re-approved: 7/01/01  
Revised and Re-approved: 8/05/04  
Revised and Re-approved: 11/04/04  
Revised and Re-approved: 10/04/07  
Corrected per OAA: 2/12/08  
Revised and Re-approved: 8/4/11  
Corrected per OAA 11-2-11  
Revised 08/13/2015  
Approved OAA: 11/30/15  
Revised 09/01/2020, 3/1/2021  
  
Approved OAA: 3/15/2021

## Table of Contents

Introduction.....	3
I Department Mission.....	3
II Academic Rights and Responsibilities.....	3
III Faculty .....	4
IV Organization of Departmental Services .....	4
V Overview of Departmental Administration and Decision-Making.....	6
VI Chair’s Responsibilities and Administration .....	6
VII Vice Chairs .....	8
VIII Programs and Program Directors.....	9
IX Committees, Committee Assignments and Objectives.....	10
X Faculty Meetings.....	13
XI Distribution of Faculty Duties and Responsibilities .....	14
A Instructional Activity .....	15
B Scholarly Activity.....	15
C Service Activity .....	16
D Balance Between Instructional, Scholarly, and Service Activity .....	16
E Parental Modification of Duties.....	16
XII Allocation of Departmental Resources .....	16
XIII Leaves and Absences .....	17
A Discretionary Absence.....	17
B Absence for Medical Reasons.....	18
C Unpaid Leaves of Absence .....	18
D Faculty Professional Leave.....	18
E Parental Leave.....	18
XIV Compensation from Patient Care, External Consulting Activity, and Other Supplemental Compensation .....	18
XV Financial Conflict of Interest .....	19
XV Grievance Procedures .....	20
A Salary Grievances .....	20
B Faculty Promotion and Tenure Appeals .....	20
C Faculty Misconduct.....	20
D Sexual Misconduct.....	20
E Student Complaints.....	21
F Code of Student Conduct.....	21
G Medical Student Honor Code.....	21

## **INTRODUCTION**

This document is intended as a brief description of the organization of the Department of Family and Community 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 AND COMMUNITY MEDICINE**

**Mission Statement:** The mission of the Department of Family and Community 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 Department of Family and Community Medicine shall be a world class, premier department that leads the nation in the training, delivery, practice and improvement of family medicine and primary care, through a focus on: Clinical Excellence & Innovation, Research and Scholarship, Diversity, Equity, Inclusion & Community Training, Education and Talent/Professional Development

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

- Excellence
- Compassion
- Integrity
- Collaboration
- Innovation

### **II. ACADEMIC RIGHTS AND RESPONSIBILITIES**

In April 2006, the university issued a [reaffirmation](#) of academic rights, responsibilities, and processes for addressing concerns.

### III. FACULTY

Faculty Rule [3335-5-19](#) defines the types of faculty appointments possible at The Ohio State University and the rights and restrictions associated with each type of appointment. The faculty shall be comprised of individuals who have a full-time or part-time academic appointment in the Department of Family and Community Medicine. For purposes of governance, the faculty in this Department includes tenure track, clinical, research and associated faculty.

**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 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.

**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 can comprise no more than 20% of the tenure-track faculty. 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.

**Associated faculty** – are persons with clinical practice titles, adjunct titles, visiting titles, and lecturer titles; also professors, associate professors, assistant professors, and instructors with FTE below 50%. Associated faculty may not participate in governance.

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.

Detailed information about the appointment criteria and procedures for the various types of faculty appointments made in this Department is provided in the [Appointments, Promotion and Tenure Document](#).

### IV. 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.

## **V. 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.

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

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.

The primary responsibilities of the Chair are set forth in Faculty Rule [3335-3-35](#). This rule requires the Chair to develop, in consultation with the faculty, a Pattern of Administration with specified minimum content. This Pattern of Departmental Administration shall be made available to all current and prospective members of the faculty of the Department of Family and Community 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.

The above rule, along with Faculty Rule [3335-6](#), also requires the Chair 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 and Community 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.

2. Other 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. This broad responsibility includes the acquisition and management of funds and the hiring and supervision of faculty and staff
- b. To operate the business of the Department of Family and Community Medicine productively and efficiently.
- c. To plan with the members of the faculty and the Dean of the College of Medicine a progressive program.
- d. To continuously evaluate and improve the instructional and administrative processes.
- e. To serve as Compliance Officer in relation to College and Hospital matters.
- f. To evaluate faculty members annually in accordance with university and department established criteria.
- g. To inform faculty members when they receive their annual performance and merit 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.
- h. To recommend to the dean of the college, after consultation with the faculty in accordance with procedures set forth in Faculty Rule [3335-6](#) and this department's Appointments, Promotion and Tenure document appointments, reappointments, promotions, dismissals, and matters affecting the tenure of members of the department faculty.
- i. To encourage research and educational investigation.
- j. 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.
- k. To maintain a curriculum vitae for all personnel teaching a course in the Department's curriculum.
- l. To see that adequate supervision and training are given to those members of the faculty and staff who may profit by such assistance.

- m. To prepare annual budget recommendations for the consideration of the Dean to the College of Medicine.
- n. 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.

Day-to-day responsibility for specific matters may be delegated to others. Matters involving administrative policies and procedures may be undertaken by the Chair or a committee. The Chair, however, 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 Departmental academic goals, however, are 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.

## **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 Innovation, Vice Chair for Community Health, and Vice Chair for Diversity, Equity and Inclusion.

### *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 two to four years and shall be eligible for reappointment. Each Vice Chair will be reviewed at the conclusion of the second year of their 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 and Community 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, Family Medicine Residency Training, Primary Care Sports Medicine Fellowship, and Continuing Medical Education. Each of these programs is led by a Program Director.

*B. Clinical Programs*

The Clinical Program(s) of the Department of Family and Community 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 additional programs are Integrative Medicine, Occupational Medicine, and Sports Medicine, Transgender Health, Community Health, and Refugee Health. Each of these programs is led by a Lead Physician or dedicated faculty member.

*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 Training will be selected jointly by the Chair of the Department of Family and Community 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 and Community 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 Training will be conducted jointly by the Chair of the Department of Family and Community 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 and Community 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. COMMITTEES, COMMITTEE ASSIGNMENTS AND OBJECTIVES**

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.

#### **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 two to four 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 and the Appointments, Promotion, and Tenure Committee.

##### *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. Students are not included on any of these committees.

- *Executive Committee*  
Assists in decisions regarding departmental administration and compliance issues reflecting recommendations by other standing departmental committees. Will consist of the Chair, Vice Chairs, Department Administrator, Residency Director, Director of Medical Student Education, PCIT Director, and other appointed faculty and/or staff.
- *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. The committee consists of 2-5 professors and 2-5 associate professors, at least 2 of whom are tenure track faculty; the remaining may be non-probationary clinical faculty members. The Academic Vice Chair (or other designee as appointed by the Chair should the Academic Vice Chair position be vacant) serves as the Chair and membership is recommended by the Academic Vice Chair and approved by the Department 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. This committee consists of the Chair, Department Administrator, Fiscal Officer, PCIT Director and Vice Chair for Academic Affairs.
- *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. This committee consists of the Director of Medical Student Education, Vice Chair for Education, the Chair, and medical education staff.
- *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. Consists of Residency Program Director, Associate Program Directors, Chief Residents, residency staff and other residency core faculty.

- *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 consist of research faculty and staff and 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. This committee consists of the Chair, Development specialist and other members of the Executive committee as needed.
- *Quality and Innovation Council*  
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 Quality and Innovation and the Director of the Center for Primary Care Innovation and Transformation. This committee reviews practice processes and improvements, quality and patient safety process and data, value based contracting, advanced primary care models of care such as Patient-Centered Medical Home (PCMH), Comprehensive Primary Care Plus (CPC+), and any other issues affecting clinical practice.
- *Wellness Committee*  
Meets monthly to review and advance wellness initiatives within the department. The committee members consist of self-selected faculty, staff, residents and clinicians interested in wellness. The committee is chaired by the Vice Chair for Wellness.
- *Diversity, Equity, and Inclusion Committee*  
Represents, promotes, and recommends improvements regarding matters of diversity, equity, and inclusion in the department. The committee members consist of self-selected faculty, staff, and clinicians. The committee is chaired by the Vice Chair for Diversity, Equity, and Inclusion.
- *Inpatient Services Committee*  
Chaired by the Chief of Family and Community Medicine Inpatient Services.

Works to determine improvements to patient experience and quality on the Family Medicine Inpatient Service. Consists of inpatient clinical faculty.

- *Community Health Committee*  
Chaired by the Vice Chair of Community Health. Works to establish relationships and determine and execute ways to serve and partner with the community at large. The committee members shall consist of self-selected faculty, staff, and clinicians and will be formed on an as needed basis to serve the needs of the community.
- *Center for Primary Care Innovation and Transformation (PCIT) Committees*  
Committees will be formed on an as needed basis to serve the needs of the Center. Committees will be chaired by the center director.
- *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. This committee is created on an as needed basis.

## **X. FACULTY MEETINGS**

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. Special faculty meetings may be called at the Chair's discretion. A meeting of the faculty will also be scheduled on written request of 25% of the faculty. 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.

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.

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.

Minutes will be taken and subsequently approved on a formal basis, amended as necessary. The Chair shall maintain these minutes and shall maintain records of all

actions covered by this Pattern of Administration.

Special policies pertain to voting on personnel matters, and these are set forth in the Department's Appointments, Promotion and Tenure Document.

For purposes of discussing Department business other than personnel matters, and for making decisions where consensus is possible and a reasonable basis for action, a quorum will be defined as a simple majority of all faculty members eligible to vote.

Either the Department Chair or one-third of all faculty members eligible to vote may determine that a formal vote conducted by written ballot is necessary on matters of special importance. For purposes of a formal vote, a matter will be considered decided when a particular position is supported by at least a majority of all faculty members eligible to vote. Balloting will be conducted by mail or e-mail when necessary to assure maximum participation in voting. When conducting a ballot by mail or email, faculty members will be given one week to respond.

When a matter must be decided and a simple majority of all faculty members eligible to vote cannot be achieved on behalf of any position, the Department Chair will necessarily make the final decision.

The Department accepts the fundamental importance of full and free discussion but also recognizes that such discussion can only be achieved in an atmosphere of mutual respect and civility. Normally Departmental meetings will be conducted with no more formality than is needed to attain the goals of full and free discussion and the orderly conduct of business. However, Robert's Rules of Order will be invoked when more formality is needed to serve these goals.

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

While faculty, individually and collectively, in the Department of Family and Community 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 an 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.

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](#). 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*

Clinical faculty members will generally not have sufficient time to meet the scholarship requirements of the Tenure Track within a defined probationary period. For this reason, the nature of scholarship for the Clinical faculty differs from that in the Tenure Track and may be focused on a mixture of academic pursuits including the scholarship of practice, integration, community engagement and education, as well as new knowledge discovery. Tenured and Tenure Track, Clinical Educator, Clinical Scientist and Research Faculty 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. 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 and Community 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.

*E. Parental Modification of Duties*

The Department of Family and Community Medicine strives to be a family-friendly unit in its efforts to recruit and retain high quality faculty members. To this end, the Department is committed to adhering to the College of Medicine's guidelines on parental modification of duties to provide its faculty members flexibility in meeting work responsibilities within the first year of childbirth/adoption. See the OHR [Parental Care Guidebook](#) and the [college pattern of administration](#) for details.

The faculty member requesting the modification of duties for childbirth/adoption and the Department Chair should be creative and flexible in developing a solution that is fair to both the individual and the unit while addressing the needs of the university. Expectations must be spelled out in an MOU that is approved by the dean.

## **XII. Allocation of Departmental Resources**

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 University and the Department of Family and Community 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 reasons including, but not limited to the following:

- a. Requested to attend regarding matters important to the Department.



- b. Professional abstract/paper submitted and accepted for presentation per a peer- review process.
- c. Required to attend because of elected or appointed service role in sponsoring organization.
- d. New to the Department and/or the profession with a need to establish professional experience and knowledge base.
- e. Recommended to attend by Chair of Department for professional development reasons.
- f. 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 and Community Medicine uses established College, University, and Ohio State University Physicians, Inc. policies regarding how leaves are considered and approved and how leaves of absences from duty are handled. Vacation, sick, unpaid, parental, etc. leave will be requested through the **eleave.osu.edu** system. Leave associated with attending scientific/professional meetings is completed through **busleave.osu.edu**. 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](#) and Office of Human Resources [Policies and Forms website](#). The information provided below supplements these policies.

#### **A. Discretionary Absence**

Faculty are expected to complete a travel request or an [Application for Leave form](#) at least 30 days 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 Department 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 semester is substantial. [Rules of the University Faculty](#) require that the Office of Academic Affairs approve any discretionary absence longer than 10 consecutive business days (see Faculty Rule [3335-5-08](#)) and must be requested on the [Application for Leave form](#).

## **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 Department 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](#).

## **C. Unpaid Leaves of Absence**

The university's policies with respect to unpaid leaves of absence and entrepreneurial leaves of absence are set forth in OHR [Policy 6.45](#).

## **D. Faculty Professional Leave (FPL)**

Information on faculty professional leaves is presented in the OAA [Policy on Faculty Professional Leave](#).

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.

The Department 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.

## **E. Parental Leave**

The University, the College, and this Department recognize the importance of parental leave to faculty members. Details are provided in the OHR [Parental Care Guidebook](#), Paid Leaves Program [Policy 6.27](#), and the [Family and Medical Leave Policy 6.05](#).

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

The Department of Family and Community Medicine compensation program includes an academic base that is benchmarked against AAMC or other national benchmark standards 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. Information on paid external consulting is presented in the university's [Policy on Faculty Paid External Consulting](#). A Paid External Consulting form, available [here](#), 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.

Additional information on faculty supplemental compensation is presented in the OAA [Policy on Faculty Compensation](#). This 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. 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.

Faculty with an administrative position (for example, chair, associate/assistant dean, center director) remain subject to the Policy on Faculty Paid External Consulting and with appropriate approval, are permitted to engage in paid external work activities. However, faculty members with administrative positions are not permitted to accept compensation/honoraria for services that relate to or are the result of their administrative duties and responsibilities.

Should a Department faculty member wish to use a textbook or other material that is authored by the faculty member and the sale of which results in a royalty being paid to him or her, such textbook or material may be required for a course by the faculty member only if (1) the Department Chair and Dean or designee have approved the use of the textbook or material for the course taught by the faculty member, or (2) an appropriate committee of the Department or College reviews and approves the use of the textbook or material for use in the course taught by the faculty member.

## **XV. FINANCIAL CONFLICT OF INTEREST**

Information on faculty financial conflicts of interest is presented in the University's [Policy on Faculty Financial Conflict of Interest](#). 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 or administrator's professional judgment in exercising any University duty or responsibility, including designing, conducting or reporting research.

Faculty members with external funding or otherwise required by University policy are required to file conflict of interest screening forms annually and more often if prospective new activities pose the possibility of financial conflicts of interest. Faculty who fail to file such forms or to cooperate with university officials in the avoidance or management of potential conflicts will be subject to disciplinary action.

In addition to financial conflicts of interest, faculty must disclose any conflicts of commitment that arise in relation to consulting or other work done for external entities. Further information about conflicts of commitment is included in section XI above.

## **XVI. GRIEVANCE PROCEDURES**

Members of the Department with grievances should discuss them with the Department Chair who will review the matter as appropriate and either seek resolution or explain why resolution is not possible. Content below describes procedures for the review of specific types of complaints and grievances.

### **A. Salary Grievances**

A faculty or staff member who believes that his or her salary is inappropriately low should discuss the matter with the Department Chair. The faculty or staff member should provide documentation to support the complaint.

Faculty members who are not satisfied with the outcome of the discussion with the Department Chair and wish to pursue the matter may be eligible to file a more formal salary appeal (see the Office of Academic Affairs [Policies and Procedures Handbook](#)).

Staff members who are not satisfied with the outcome of the discussion with the Department Chair and wish to pursue the matter should contact [Employee and Labor Relations](#) in the Office of Human Resources.

### **B. Faculty Promotion and Tenure Appeals**

Promotion and tenure appeals procedures are set forth in Faculty Rule [3335-5-05](#).

### **C. Faculty Misconduct**

Complaints alleging faculty misconduct or incompetence should follow the procedures set forth in Faculty Rule [3335-5-04](#).

### **D. Sexual Misconduct**

The University's policy and procedures related to sexual misconduct are set forth in OHR [Policy 1.15](#).

## **E. Student Complaints**

Normally student complaints about courses, grades, and related matters are brought to the attention of individual faculty members. In receiving such complaints, faculty should treat students with respect regardless of the apparent merit of the complaint and provide a considered response. When students bring complaints about courses and instructors to the Department Chair, the Chair will first ascertain whether or not the students require confidentiality. If confidentiality is not required, the Chair will investigate the matter as fully and fairly as possible and provide a response to both the students and any affected faculty. If confidentiality is required, the Chair will explain that it is not possible to fully investigate a complaint in such circumstances and will advise the student(s) on options to pursue without prejudice as to whether the complaint is valid or not. See Faculty Rule [3335-8-23](#).

Faculty complaints regarding students must always be handled strictly in accordance with university rules and policies. Faculty should seek the advice and assistance of the Department Chair and others with appropriate knowledge of policies and procedures when problematic situations arise. In particular, evidence of academic misconduct must be brought to the attention of the [Committee on Academic Misconduct](#) (see also Faculty Rule [3335-23-05](#)).

## **F. Code of Student Conduct**

In accordance with the [Code of Student Conduct](#), faculty members will report any instances of academic misconduct to the Committee on Academic Misconduct.

## **G. Medical Student Honor Code**

The College of Medicine's policy on medical student conduct is found [here](#).