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**Pattern of Administration for  
The Ohio State University  
Department of Internal Medicine**

*Approved by the Office of Academic Affairs: 03/05/2020*

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1 **I Introduction**

2  
3 This document provides a brief description of the Department of Internal Medicine (DOIM) as  
4 well as a description of its guidelines and procedures. It supplements the [Rules of the University](#)  
5 [Faculty](#), and other policies and procedures of the university to which the DOIM and its faculty  
6 are subject. The latter rules, policies and procedures, and changes in them, take precedence over  
7 statements in this document.

8  
9 This Pattern of Administration is subject to continuing revision. It must be reviewed and either  
10 revised or reaffirmed on appointment or reappointment of the DOIM chair. However, revisions  
11 may be made at any time as needed. All revisions, as well as periodic reaffirmation, are subject  
12 to approval by the college office and the Office of Academic Affairs.

13  
14 **II DOIM Mission**

- 15  
16 • To improve people’s lives through innovation in research, education, and patient care.  
17 • Working as a team to shape the future of medicine by creating, disseminating, and  
18 applying new knowledge to meet the needs of each individual.

19  
20 **III Academic Rights and Responsibilities**

21  
22 In April 2006, the university issued a [reaffirmation](#) of academic rights, responsibilities, and  
23 processes for addressing concerns.

24  
25 **IV Faculty**

26  
27 Faculty Rule [3335-5-19](#) defines the types of faculty appointments possible at The Ohio State  
28 University and the rights and restrictions associated with each type of appointment. For purposes  
29 of governance, the faculty of this Department of Internal Medicine includes tenured faculty, non-  
30 tenure clinical faculty and non-tenure research faculty with compensated FTEs of at least 50% in  
31 the Department of Internal Medicine. Associated faculty, Emeritus faculty, and faculty joint  
32 appointees with FTEs below 50% in this department may be invited to participate in discussions  
33 on non-personnel matters, but may not participate in personnel matters, including promotion and  
34 tenure reviews, and may not vote on any matter.

35  
36 The DOIM appoints tenure and non-tenured faculty. The latter are the associated, research, and  
37 clinical faculty also known as faculty of practice. Associated Faculty practicing within the  
38 DOIM are titled Clinical Assistant/Associate/Professor of Internal Medicine. Associated Faculty  
39 not practicing within the DOIM but serving teaching or other roles are titled Adjunct  
40 Assistant/Associate/Professor of Internal Medicine. Non-tenure Clinical Faculty or Faculty of  
41 Practice are titled Assistant/Associate/Professor of Clinical Internal Medicine. Non-tenure  
42 research faculty are titled Research Assistant/Associate/Professor of Internal Medicine. Tenured  
43 faculty are titled Assistant/Associate/Professor of Internal Medicine. There is no cap on the  
44 number of non-tenured faculty clinical faculty. See Section IX.C.i for limits on the number of  
45 Research Faculty. The DOIM throughout its history has permitted governance rights for non-  
46 personnel issues to Associated Faculty practicing within the Department of Internal Medicine,

1 Clinical Faculty, Research Faculty as well as Tenure Faculty. Research and Clinical Faculty as  
2 well as Tenure Faculty may vote on non-tenure appointments and promotions. Only Tenure  
3 faculty may vote on appointment and promotion decisions for Tenure faculty.  
4

5 Emeritus faculty in this DOIM are invited to participate in discussions on non-personnel matters,  
6 but may not participate in personnel matters, including promotion and tenure reviews, and may  
7 not vote on any matter. Detailed information about the appointment criteria and procedures for  
8 the various types of faculty appointments made in this DOIM is provided in the [Appointments,  
9 Promotion and Tenure Document](#).

## 10 11 **A. Conflict of Commitment**

### 12 13 Conflict of Commitment

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

15 [https://oaa.osu.edu/sites/default/files/links\\_files/conflict\\_of\\_commitment.pdf](https://oaa.osu.edu/sites/default/files/links_files/conflict_of_commitment.pdf)  
16

17 Ohio State University full-time faculty members, including administrators with faculty  
18 appointments, owe their primary professional allegiance to the university, and their primary  
19 commitment of time and intellectual energies should be to the education, research, service and  
20 scholarship programs of the institution. The specific responsibilities and professional activities  
21 that constitute an appropriate and primary commitment will differ across schools and  
22 departments. To the extent that a faculty member's pattern of commitment is atypical for that  
23 department, it should be documented through a written agreement between the faculty  
24 member and the department chair.  
25

26 Even with such understandings in place, however, attempts by faculty to balance university  
27 responsibilities with non-university related external activities can result in conflicts regarding  
28 allocation of professional time and energies. Conflicts of commitment usually involve issues  
29 of time allocation. For example, whenever a faculty member's outside consulting activities (as  
30 defined in the university's Faculty Paid External Consulting Policy) exceed the permitted  
31 limits (normally one eight hour day per week or less) or whenever a full-time faculty  
32 member's primary professional obligation is not to Ohio State, a conflict of commitment  
33 exists.  
34

35 Faculty should disclose and discuss external commitments with their department chairs and/or  
36 deans prior to engaging in the activity. If an activity cannot be managed by the faculty  
37 member and his/her chair or dean to avoid a conflict of commitment or the reasonable  
38 appearance of a conflict of commitment, the faculty member must refrain from participating in  
39 the activity.  
40

## 41 **B. Faculty Recruitment**

42  
43 A search committee or standing divisional recruitment committee is required for recruitment  
44 of all faculty positions other than the division director (see Section V for more on the  
45 department's divisions). The committee will be inclusive of differing gender, race and  
46 ethnicity. The committee will closely engage with the division director in all recruitment

1 efforts, and its duties include identifying candidates, assurance of diversity of candidates,  
2 assisting in due diligence evaluations, interviewing candidates and providing counsel to the  
3 division director regarding the final candidate selection. The committee will document  
4 inclusiveness and diversity of candidates for the faculty position.  
5

## 6 **V Organization of DOIM Services and Staff**

7

8 The DOIM is organized into divisions, which represent the various specialties within the  
9 discipline of Internal Medicine. Each division constitutes an academic subunit led by a Division  
10 Director and is responsible for teaching, research and patient care related to the specific  
11 discipline. Currently, the DOIM has fifteen divisions:  
12

- 13       ▪ Cancer Prevention and Control
  - 14       ▪ Cardiovascular Medicine
  - 15       ▪ Dermatology
  - 16       ▪ Endocrinology, Diabetes & Metabolism
  - 17       ▪ Gastroenterology, Hepatology & Nutrition
  - 18       ▪ General Internal Medicine
  - 19       ▪ Hematology
  - 20       ▪ Hospital Medicine
  - 21       ▪ Human Genetics
  - 22       ▪ Infectious Diseases
  - 23       ▪ Medical Oncology
  - 24       ▪ Nephrology
  - 25       ▪ Palliative Medicine
  - 26       ▪ Pulmonary, Critical Care, and Sleep Medicine
  - 27       ▪ Rheumatology and Immunology
- 28

29 The creation or elimination of a division or the transfer of faculty in a specific discipline from  
30 one division to another is at the sole discretion of the Chair.  
31

32 In addition to the leadership provided by the division Directors, there are two Executive Vice  
33 Chairs, seven Vice Chairs and two Associate Vice Chairs whose responsibilities are aligned with  
34 the mission areas of the department. The mission areas of the Department are Academic Affairs,  
35 Faculty Affairs, Education, Research, Finance, Inpatient and Ambulatory Medicine and Quality.  
36 Divisions as a whole and members of the division as individuals are responsible for contributing  
37 to the overall mission of the Department as well as their respective divisional missions.  
38

39 The Department functions as an academic unit through the policies and procedures outlined in  
40 this document. The actual practice of medicine, however, is conducted through the FGP/Ohio  
41 State University Internal Medicine, LLC. Ohio State University Internal Medicine LLC is an  
42 incorporated entity which constitutes the clinical practice group of the Department of Internal  
43 Medicine as mandated by the Faculty Group Practice Plan of the University. Physician faculty  
44 who conduct their clinical practice activities through FGP/OSU Internal Medicine, LLC are  
45 governed by “The By-Laws of OSU Internal Medicine, LLC”, “Physician Handbook for Clinical

1 Activities” and “Terms and Conditions for Participation in Faculty Group Practice”. All of these  
2 documents are available upon request.

3  
4 OSU Internal Medicine, LLC, in addition to its responsibility for the clinical activities of the  
5 Department, serves as the principal source of income to carry out the academic missions of the  
6 Department. Therefore, a direct and constant relationship between the Department and the LLC  
7 is essential for the successful functioning of either entity. Throughout this document, where  
8 appropriate, the interrelations between these two entities as related to specific functions will be  
9 noted.

## 10 11 **VI Overview of DOIM Administration and Decision-Making**

12  
13 Policy and program decisions are made in a number of ways: by the DOIM faculty as a whole,  
14 by standing or special committees of the DOIM, or by the DOIM chair. The nature and  
15 importance of any individual matter determine how it is addressed. DOIM governance proceeds  
16 on the general principle that the more important the matter to be decided, the more inclusive  
17 participation in decision making needs to be. Open discussions, both formal and informal,  
18 constitute the primary means of reaching decisions of central importance.

## 19 20 **VII DOIM Administration**

### 21 22 **A. DOIM Chair**

23  
24 The primary responsibilities of the DOIM Chair are set forth in Faculty Rule [3335-3-35](#). This  
25 rule requires the DOIM Chair to develop, in consultation with the faculty, a Pattern of  
26 Administration with specified minimum content. The rule, along with Faculty Rule [3335-6](#),  
27 also requires the DOIM Chair to prepare, in consultation with the faculty, a document setting  
28 forth policies and procedures pertinent to appointments, reappointments, promotion and  
29 tenure.

30  
31 Other responsibilities of the DOIM chair, not specifically noted elsewhere in this Pattern of  
32 Administration, are paraphrased and summarized below.

- 33
- 34 • To have general administrative responsibility for DOIM programs, subject to the  
35 approval of the dean of the college, and to conduct the business of the DOIM efficiently.  
36 This broad responsibility includes the acquisition and management of funds and the  
37 hiring and supervision of faculty and staff.
  - 38
  - 39 • To plan with the members of the faculty and the dean of the college a progressive  
40 program; to encourage research and educational investigations.
  - 41
  - 42 • To evaluate and improve instructional and administrative processes on an ongoing basis;  
43 to promote improvement of instruction by providing for the evaluation of each course  
44 when offered, including written evaluation by students of the course and instructors, and  
45 periodic course review by the faculty.
  - 46

- 1 • To evaluate faculty members annually in accordance with both university and DOIM  
2 established criteria; to inform faculty members when they receive their annual  
3 performance and merit review of their right to review their primary personnel file  
4 maintained by their DOIM and to place in that file a response to any evaluation,  
5 comment, or other material contained in the file.  
6
- 7 • To recommend, after consultation with the tenured faculty, appointments,  
8 reappointments, promotions, dismissals, and matters affecting the tenure of members of  
9 the DOIM faculty to the dean of the college, in accordance with procedures set forth in  
10 Faculty Rule [3335-6](#) and this DOIM's Appointments, Promotion and Tenure document.  
11
- 12 • To see that all faculty members, regardless of their assigned location, are offered the  
13 privileges and responsibilities appropriate to their rank; and in general to lead in  
14 maintaining a high level of morale.  
15
- 16 • To maintain a curriculum vitae for all personnel teaching a course in the DOIM's  
17 curriculum.  
18
- 19 • To see that adequate supervision and training are given to those members of the faculty  
20 and staff who may profit by such assistance.  
21
- 22 • To prepare, after consultation with the faculty, annual budget recommendations for the  
23 consideration of the dean of the college.  
24

25 Day-to-day responsibility for specific matters may be delegated to others, but the DOIM  
26 Chair retains final responsibility and authority for all matters covered by this Pattern, subject  
27 when relevant to the approval of the dean, Office of Academic Affairs, and Board of  
28 Trustees.  
29

30 Operational efficiency requires that the DOIM Chair exercise a degree of autonomy in  
31 establishing and managing administrative processes. The articulation and achievement of  
32 DOIM academic goals, however, is most successful when all faculty members participate in  
33 discussing and deciding matters of importance. The DOIM Chair will therefore consult with  
34 the faculty on all educational and academic policy issues and will respect the principle of  
35 majority rule. When a departure from majority rule is judged to be necessary, the DOIM  
36 Chair will explain to the faculty the reasons for the departure, ideally before action is taken.  
37

## 38 **B. Other Administrators**

### 39 **Executive Vice Chair for Academic Affairs**

40 The Executive Vice Chair for Academic Affairs is appointed by the Chair of the Department of  
41 Internal Medicine and assists the Department Chair in all issues of faculty Appointment,  
42 Promotion and Tenure, and issues of ethical academic and professional conduct. The Vice Chair  
43 for Academic Affairs counsels and assists faculty in their development. All recruitments to the  
44 Department of Internal Medicine are directly or indirectly under the supervision of the Vice  
45 Chair and this office seeks to expand the diversity of the faculty and academic programs. This  
46

1 office will also serve as a liaison with the Associate Dean for Academic Affairs of the College of  
2 Medicine. Specific responsibilities include:

- 3
- 4     ▪ Serve as Chair of the elected faculty Appointments, Promotion and Tenure Committee.
- 5     ▪ Lead faculty discussions and deliberations regarding Appointments, Promotion, and
- 6     Tenure issues.
- 7     ▪ Report to the Department Chair the results of all faculty Appointments, Promotion and
- 8     Tenure Decisions.
- 9     ▪ Work in close collaboration with all divisions in the recruitment of new faculty to allow
- 10     appropriate initial faculty appointment coincident with the formal offers to join the
- 11     Department of Internal Medicine.
- 12     ▪ Conduct regular individual faculty discussion of career progress and provide advice
- 13     regarding the attainment of goals leading to appropriate promotion and career
- 14     advancement. This may also involve review by the Appointment, Promotion, and Tenure
- 15     Committee and should also include input by the appropriate Division Directors and the
- 16     Department Chair.
- 17     ▪ Discusses faculty concerns regarding Appointment, Promotion and Tenure decisions and
- 18     aid in resolution of these concerns on behalf of the Department and in accordance with
- 19     Departmental, College, and Office of Academic Affairs guidelines.
- 20     ▪ Reviews and aids in the mediation of concerns regarding ethical academic and
- 21     professional conduct.

22 Assists the Department Chair as deemed necessary in any areas constituting the broad context of  
23 the academic mission of the Department.

### 24

### 25 **Executive Vice Chair for Clinical Operations**

26 The Executive Vice Chair for Clinical Operations will have the oversight responsibility related to  
27 inpatient and outpatient clinical operations including patient safety, including quality of care,  
28 protocol and practice guideline development and review, faculty and clinical provider  
29 recruitment and compensation, and assuring that the education and training of the Residents and  
30 Fellows in clinical research commensurate with their activity and trainees are provided proper  
31 supervision in the Department of Internal Medicine. The Executive Vice Chair of Clinical  
32 operations will align the department clinical mission with that of the medical center ensuring  
33 high-quality care through the standardization of clinical practice, program implementation and  
34 staff mentoring. Specific responsibilities include:

- 35
- 36     ▪ Ensure high-quality care through the standardization of clinical practice, program
- 37     implementation and staff mentoring.
- 38     ▪ Develop and oversee new and existing clinical programs. Seek and encourage
- 39     operational improvements as required, particularly those impacting clinical workflow.
- 40     ▪ Play a major role in clinical faculty and extender recruitment
- 41     ▪ Develop, mentor, and support less experienced physicians.
- 42     ▪ Oversee the Divisional physician clinical schedule and staffing and work with clinical
- 43     operations team to make improvements.
- 44     ▪ Monitors compliance of all clinic metrics (Customer Service, Membership, Retention,
- 45     Length of Stay, clinic access etc.)

- 1       ▪ Develop liaison relationships with the private community physicians and staff to support
- 2       and promote safe clinical practices.
- 3       ▪ Elevate the department’s level of excellence and reputation, both nationally and
- 4       internationally.
- 5       ▪ Maintain professional affiliations and enhance professional growth and development to
- 6       remain current in the changing healthcare trends as related to management of clinic
- 7       operations.
- 8       ▪ Work with the Chair to actively participate in fund raising efforts.
- 9

10   **Vice Chair for Faculty Development**

11   The Vice Chair of Faculty Development is appointed by and reports to the Chair of the

12   Department of Internal Medicine and, working in collaboration with the Executive Vice Chair of

13   Academic Affairs, assists the Department Chair in issues related to faculty development,

14   mentorship, culture and wellness. Specific responsibilities include:

- 15       ▪ Seeks to promote established mentorship programs and career development opportunities
- 16       (such as FAME) in collaboration with the Executive Vice Chair of Internal Medicine –
- 17       Academic Affairs for junior and new faculty and senior fellows in the Department of
- 18       Internal Medicine:
  - 19           ○ Serves as a resource to junior faculty and new recruits in the Department for
  - 20           identifying mentorship programs available, establishing and fostering mentorship
  - 21           relationships, monitors progress in mentoring relationships and achievement of
  - 22           early faculty career goals towards independence
  - 23           ○ Develops, identifies and facilitates opportunities for professional and career
  - 24           development and growth for Departmental faculty, seeks out and promotes
  - 25           opportunities for further education, leadership training, and lifelong learning for
  - 26           Departmental faculty
  - 27           ○ Works with Departmental Fellowship Directors to enhance mentorship, career
  - 28           development and recruitment of senior fellow trainees to academic careers and
  - 29           faculty positions within the Department
- 30
- 31       ▪ Seeks to enhance the Department of Internal Medicine culture across the missions of
- 32       clinical care, research and education:
  - 33           ○ Develop strategies to enhance the overarching and day-to-day culture in the
  - 34           Department through inter-Division collaboration across each mission
  - 35           ○ Promotes established programs and develops new initiatives to maximize
  - 36           physician wellness in the Department
  - 37           ○ Contributes to strategies in faculty recruitment and in enhancing faculty retention
  - 38           towards workplace-of-choice designation for Departmental members
  - 39           ○ Supports the Executive Vice Chair of Internal Medicine – Academic Affairs in
  - 40           serving as a resource for mediation and resolution of conflicts and challenges
  - 41           facing Departmental Faculty
- 42
- 43       ▪ The Executive Vice Chair of Internal Medicine – Faculty Affairs represents the
- 44       Department in collaboration with FAME and others within the Department and across the
- 45       College of Medicine in matters regarding Faculty Affairs and professional development.
- 46

1 **Vice Chair for Education**

2 The Vice Chair for Education is appointed by the Chair of the Department of Internal Medicine  
3 and is responsible for insuring the quality and competitiveness of educational programs within  
4 the Department of Internal Medicine. This role requires participation in both educational  
5 program planning and clinical activities planning to ensure seamless integration between the  
6 educational and clinical missions of the department. Additionally, it is critical to maintain a  
7 national reputation in education to increase the visibility of The Ohio State University  
8 educational programs. Specific responsibilities include:

- 9
- 10     ▪ Oversight of student educational activities through supervision of the Internal Medicine
  - 11     Course Directors and Clerkship Directors.
  - 12     ▪ Direct responsibility (program development, evaluation and residency recruitment) for
  - 13     the Internal Medicine Preliminary and Categorical Residency Program; provides
  - 14     oversight and guidance of the Residency Program Director.
  - 15     ▪ Oversight of the Department’s Fellowship training programs and their Directors to insure
  - 16     that the fellowship programs offer high quality educational experiences and adhere to
  - 17     regulatory guidelines on both education and work environment. The Vice Chair is
  - 18     supporting the Program Director in oversight of the Department’s Fellowship training
  - 19     programs and their Directors.
  - 20     ▪ Educational oversight and development for faculty, including the design and
  - 21     implementation of programs intended to enhance and document teaching effectiveness,
  - 22     thus facilitating promotion/advancement of the Division of Internal Medicine (DOIM)
  - 23     faculty within the university.
  - 24     ▪ Liaison function with the Vice Chair(s) for clinical activity to insure that educational
  - 25     programs integrate with clinical activities; with the Vice Chair for Academic Affairs to
  - 26     optimize promotion and tenure opportunities for faculty by documenting teaching
  - 27     effectiveness; and with the Vice Chair for Research to provide opportunities for trainees
  - 28     to participate in scholarly activities.
- 29

30 **Associate Vice Chair for Education**

31 The Associate Vice Chair for Education will be responsible for development and implementation  
32 of a Departmental approach to evaluation and assessment of trainees and instructors and  
33 incorporation of these elements into the Department’s Faculty Development Program. The  
34 Associate Vice Chair for Education will also be responsible for assisting the Vice Chair of  
35 Education with the oversight of the Department’s Educational Program. Specific responsibilities  
36 include:

- 37
- 38     ▪ Coordination and analysis of the evaluation processes for all faculty and trainees
  - 39     ▪ Coordination and analysis of curricula in the various educational training programs
  - 40     within the Department of Medicine
  - 41     ▪ Active collaboration with the College of Medicine’s Director of Evaluation and
  - 42     Assessment and Director of Faculty Development John Mahan
  - 43     ▪ Planning and presentation of faculty development workshops for Departmental educators
  - 44     with specific emphasis on evaluation and assessment skills
  - 45     ▪ Active participation as administrative liaison in all appropriate institutional GME
  - 46     committees

- 1       ▪ Active participation national organizations and societies related to faculty development
- 2       and our trainees' academic success and mental/emotional well-being
- 3       ▪ Coordination and oversight of research opportunities for trainees
- 4       ▪ Active participation in CME courses for the Department including development of
- 5       education oriented CME programs for faculty

### 7       **Vice Chair for Translational Research**

8       The Vice Chair for Translational Research is appointed by the Chair of the Department of  
9       Internal Medicine and coordinates a comprehensive research program in the Department of  
10      Internal Medicine and facilitates the acquisition and maintenance of research grants and papers  
11      for the faculty. Specific responsibilities include:

- 12      ▪ Facilitation of expanded growth of programmatic opportunities.
- 13      ▪ Serving as an information source to match faculty with similar research interest.
- 14      ▪ Expands and extends infrastructure for high-impact research endeavors by creating  
15      partnerships with research centers, institutes, and other University and non-University  
16      entities.
- 17      ▪ Developing and maintaining program for Internal Medicine Investigators to facilitate  
18      successful grant applications.
- 19      ▪ Developing seminars and workshops to stimulate interest in research.
- 20      ▪ Meet with the department grants manager on a regular basis to troubleshoot any  
21      issues with pre and post awards
- 22      ▪ Provision of assistance to faculty, as requested, in the identification of funding sources.
- 23      ▪ Determination of research space allocation in the Department and assist with the  
24      identification and negotiation for new space allocation.
- 25      ▪ Serve as a liaison with the College and University Research Offices; serve on appropriate  
26      committees as Departmental representative.
- 27      ▪ Integrate the Departmental Research programs with the College and University  
28      Programs.
- 29      ▪ Develop a strategic plan to increase research engagement by residents, post-doctoral  
30      fellows, and other trainees.
- 31      ▪ Review requests for departmental research funding and present top applications to Chair  
32      for funding approval
- 33      ▪ Integrate research opportunities with the OSU CCTS.
- 34      ▪ Act as Chair's delegate in research matters as needed

### 36      **Vice Chair for Basic Research**

37      The Vice Chairman for Basic Research is charged with facilitating and advancing basic science  
38      research within the Department of Internal Medicine in all of its aspects. Special emphasis is  
39      placed on guiding the development of research programs based on the collaboration between  
40      basic scientists and physician/clinician scientists. Specific responsibilities include:

- 41      ▪ Collaborate with the Vice Chair for Translational Research and the College of Medicine  
42      Vice Dean for Research in all aspects of the growth and development of the Department  
43      of Internal Medicine (DOIM) research programs.
- 44      ▪ Guide and facilitate the development of basic sciences within the DOIM and increase the  
45      number of funded basic science projects.

- 1       ▪ Identifying opportunities for collaborations between physician/clinician scientists and  
2       basic scientists both within the DOIM and in departments and colleges outside the DOIM  
3       and the College of Medicine. These collaborations are expected to result in new funded  
4       programs of research.
- 5       ▪ Participate in the design and implementation of the Departmental research strategic plan  
6       and assist each division with its own research strategic plan.
- 7       ▪ Identify opportunities for the development of large programmatic grants that consist of  
8       cross-disciplinary collaborations across the DOIM, College of Medicine and University.
- 9       ▪ Identify opportunities for which researchers in the DOIM may increase research funding  
10      through service as Core facilities for large multisite grants.
- 11      ▪ As a member of the Vice Chair staff, the Vice Chair for Basic Research will be expected  
12      to attend Vice Chair meetings of the DOIM and will be a member of the Board of  
13      Managers.

### 15 **Associate Vice Chair for Research**

16 The Associate Vice Chair of Research coordinates in collaboration with the Vice Chair(s) of  
17 Research a comprehensive research program in the Department of Internal Medicine and  
18 facilitates the acquisition and maintenance of research grants and papers for the faculty. Specific  
19 responsibilities include:

- 20       ▪ Facilitation of expanded growth of programmatic opportunities.
- 21       ▪ Serving as an information source to match faculty with similar research interest.
- 22       ▪ Expands and extends infrastructure for high-impact research endeavors by creating  
23       partnerships with research centers, institutes, and other University and non-University  
24       entities.
- 25       ▪ Developing and maintaining program for Internal Medicine Investigators to facilitate  
26       successful grant applications.
- 27       ▪ Developing seminars and workshops to stimulate interest in research.
- 28       ▪ Meet with the department grants manager on a regular basis to troubleshoot any issues  
29       with pre and post awards.
- 30       ▪ Provision of assistance to faculty, as requested, in the identification of funding sources.
- 31       ▪ Determination of research space allocation in the Department and assist with the  
32       identification and negotiation for new space allocation.
- 33       ▪ Serve as a liaison with the College and University Research Offices; serve on appropriate  
34       committees as Departmental representative.
- 35       ▪ Integrate the Departmental Research programs with the College and University  
36       Programs.
- 37       ▪ Develop a strategic plan to increase research engagement by residents, post-doctoral  
38       fellows, and other trainees.
- 39       ▪ Review requests for departmental research funding and present top applications to Chair  
40       for funding approval.
- 41       ▪ Integrate research opportunities with the OSU CCTS.

### 43 **Vice Chair for Inpatient Operations**

44 The Vice Chair for Inpatient Operations is responsible for strategic planning and operations for  
45 the inpatient clinical mission of the Department of Internal Medicine. Specific responsibilities  
46 include:

- 1       ▪ Insure inpatient access to the WMC including working with the Transfer Center, the
- 2       Emergency Department, and the faculty and referring physicians;
- 3       ▪ Insure effective patient flow through the academic medical center including access to
- 4       intensive care and step-down units for patients in need of these services;
- 5       ▪ Insure 24-hour seven day consultative services are available from Internal Medicine
- 6       Faculty;
- 7       ▪ Represent the Department at organizational meetings dealing with patient care and
- 8       IHIS/Epic medical information and quality;
- 9       ▪ Strive to improve patient satisfaction for all patients seen in the Department;
- 10      ▪ Work with the respective Division Directors to insure that the clinical mission is effective
- 11      and that the highest level of physician, staff, and patient satisfaction are achieved.
- 12      ▪ Along with VC Quality and VC Ambulatory Medicine, hold monthly meetings with
- 13      representatives of divisions with clinical services to update them on new/changed
- 14      hospital policies and procedures; also address clinical issues and have group provide
- 15      feedback and changes to current operating procedures.

### 16       **Vice Chair for Quality**

17       The Vice Chair for Quality is responsible for strategic planning and execution of plans to

18       enhance the quality of clinical care delivered to patients by the Department of Internal Medicine.

19       Specific responsibilities include:

- 20       Specific responsibilities include:
- 21      ▪ Establish a team of division specific experts to develop quality initiatives for each
- 22      subspecialty as well as for the general internists both in ambulatory as well as the
- 23      inpatient settings.
- 24      ▪ Conduct review meetings each month to guarantee that high-quality care is being
- 25      delivered to patients in the Department of Internal Medicine.
- 26      ▪ Examine individual patient encounters that have been identified as concerning compared
- 27      to the standard of practice, and to recommend action that will be needed to improve care
- 28      in the future.
- 29      ▪ Report to the Chief Quality Officer of the WMC to insure that monitoring of appropriate
- 30      benchmarks is being followed and to insure that the highest quality of care is being
- 31      delivered.
- 32      ▪ Communicate with the Chief Quality Officer to insure that alignment of goals between
- 33      the Department and the WMC are being addressed.
- 34      ▪ Monitor patient satisfaction and clinical outcomes to insure that the highest level of
- 35      patient service is being delivered.
  - 36      ○ Work with the Executive Vice Chair for Clinical Operation to develop and
  - 37      execute a strategic plan to enhance the quality of clinical care delivered to patients
  - 38      by the Department of Internal Medicine.
  - 39      ○ Collaborate with the WMC Chief Quality Officer to ensure the DOIM quality
  - 40      goals and processes are in alignment with those of the WMC.
  - 41      ○ Establish a team of division specific experts to develop quality initiatives for each
  - 42      subspecialty as well as for the general internists both in ambulatory as well as the
  - 43      inpatient settings.
  - 44      ○ Develop strategies to review event reports and quality events occurring within
  - 45      Internal Medicine
  - 46      ○ Attend sentinel event meetings on behalf of the Chair.

- Work with Department Chair and Chief Quality Officer to develop faculty remediation plans as necessary.

#### **Vice Chair for Finance**

The Vice Chair for Finance is appointed by the Chair of the DOIM and plays two roles within the department. One role is that of Vice Chair for Finance and the other is as the Treasurer of OSUP Internal Medicine, LLC. With these two roles comes multiple committee assignments: Chair of the Internal Medicine Finance Committee and member of the OSUP Finance Committee and OSUP Internal Medicine Board of Directors. Specific responsibilities include:

- Monitor monthly financial reports and proactively identify variances from budgeted productivity
- Assist and advise the LLC President (Department Chair), the LLC Chief Operating Officer, and the LLC Chief Financial Officer on day-to-day business operations of the LLC and Department.
- Cover corporate responsibilities for the LLC President in his/her absence
- Serve as a liaison between the LLC physicians and the LLC administrative staff
- Assist and provide preliminary approval for annual budgets for:
  - Divisions
  - LLC administrative
  - Corporate reserve
  - Departmental academic enrichment
- Review and provide preliminary approval to division bonus and salary plans
- Meet with division directors in mid-fiscal year to review first 6-months financial productivity and initial planning for next fiscal year's budget
- Provide annual financial overview program for new faculty
- Provide annual coding and documentation optimization program for new faculty
- Provide annual financial planning advice to the faculty with annual formal programs and informal consultation
- Provide periodic financial reports at the department faculty meetings
- Monthly approve all LLC checks > \$5,000
- Serve as a liaison to the Faculty Group Practice for physician productivity and financial performance policy
- Identify underperforming physicians and work with division directors to improve productivity
- Review annual faculty Conflict of Interest forms and develop plans to mitigate conflict in those faculty with possible conflicts of interest
- Monitor board certification status of physicians in the department and assist physicians having difficulty achieving board certification/recertification

#### **Chief of Internal Medicine at OSU East Hospital (OSUE)**

The Chief of Internal Medicine Service at OSU East Hospital (OSUE) is selected by the Chair of the Department of Internal Medicine and then the selection has to be approved by the Executive Director of East Hospital. Specific responsibilities include:

- Assist the Medical Director of OSUE in oversight of all Internal Medicine physicians (both University and private) with respect to:

- 1           ○ Clinical quality
- 2           ○ Citizenship
- 3           ○ Credentialing
- 4           ○ Clinical service and patient assignments
- 5           ○ Strategic planning for the hospital
- 6           ▪ Serve as a liaison of the clinical, educational, and research missions of the OSU
- 7           Department of Medicine to OSUE.
- 8           ▪ Serve as the Department's representative to the OSUE Medical Administrative
- 9           Committee.
- 10          ▪ Serve as the Department's representative to the OSUE Physician Quality and Review
- 11          Subcommittee.
- 12          ▪ Serve as the Department's representative to the OSUE Quality Management Committee.
- 13          ▪ Assist the Vice Chair for Education in the oversight of Internal Medicine residents,
- 14          interns, students, and fellows who are assigned to OSUE for clinical training.
- 15          ▪ Oversees the organization and conduct of the OSUE Department of Internal Medicine
- 16          quarterly meetings.

17

### 18    **Division Directors**

19    The Division Director is responsible for developing a division with balanced missions for  
20    education, research and clinical activities that are integrated and supportive of the goals and  
21    objectives of the department. The Division Director is appointed by the Chair of the Department  
22    and serves at the pleasure of the Chair. Under the guidance of the Director, the Division faculty  
23    are expected to participate vigorously and regularly in all departmental academic and patient care  
24    programs. The responsibilities of the Division Director are broad and diverse and include, but  
25    are not limited to the following:

- 26          ▪ General administrative responsibility for division, subject to the approval of the
- 27          department Chair, and to conduct the business of the division efficiently. This broad
- 28          responsibility includes the effective and sound administration of divisional finances and
- 29          supervision of faculty and staff.
- 30          ▪ An active participant in faculty development, providing counsel and mentoring and
- 31          protecting faculty time from excessive administrative or clinical responsibilities.
- 32          ▪ Approve and finalize all faculty work assignments and distributions of professional
- 33          effort. This includes clinical service, teaching assignments, administrative
- 34          responsibilities, and distribution of scholarly and research effort. The Division Director's
- 35          assignments are final. Faculty members who disagree with these assignments should first
- 36          discuss with the Division Director and may then consult with the Vice Chair for
- 37          Academic Affairs who may initiate further mediation at the Divisional or Departmental
- 38          level.
- 39          ▪ Develops a program of state-of-the-art clinical care, ensures reasonably prompt access to
- 40          division's in-patient and ambulatory care services, and takes appropriate action to correct
- 41          any deficiencies.
- 42          ▪ Provides leadership and fosters an environment that supports research such that a
- 43          reasonable number of grants are submitted to local, state and national funding agencies,
- 44          seeks a progression in the research program towards a greater percentage of peer
- 45          reviewed research.

- 1       ▪ Participates in and supports departmental educational programs and initiatives, develops  
2       a fellowship training program that meets standards established by the ABIM for  
3       subspecialty Boards
- 4       ▪ Is an active leader in departmental activities, including support and attendance at Medical  
5       Grand Rounds, Faculty Meetings, Department Leadership Meetings, Appointment,  
6       Promotion and Tenure meetings and other major departmental activities.
- 7       ▪ Is active in national organizations related to their specialty, publishes in national journals  
8       and books on a regular bases, encourages division faculty to a high level of scholarly  
9       productivity.
- 10      ▪ Evaluates faculty members annually in accordance with both University and department  
11      established criteria; informs faculty members when they receive their annual review of  
12      their right to review their primary personnel file maintained by their department and to  
13      place in that file a response to any evaluation, comment, or other material contained in  
14      the file.

### 16       **C. Committees**

17  
18      Much of the development and implementation of the department's policies and programs is  
19      carried out by standing and ad hoc committees. The Chair is an ex officio member of all  
20      department committees and may vote as a member on all committees except the Promotion and  
21      Tenure Committee. Standing committees for the department include the following:

#### 22 23      **Appointment, Promotion, and Tenure Committee**

24        Members: The selection, composition and term lengths of the Appointments, Promotion  
25        and Tenure committee are described in the department's Appointments, Promotion and  
26        Tenure document.

27        Elected by tenured and tenure track Department faculty.

28        Charge: Oversee all aspects of the appointment, promotion and tenure process for  
29        Departmental faculty as well as the Department's adherence to College of Medicine  
30        policies. See the Department of Internal Medicine Appointment, Promotion, and Tenure  
31        Document for specifics of committee responsibilities and activities (S/Human  
32        Resources/Faculty/P&T).

33        Term: Committee members are nominated by division directors and elected by faculty for  
34        a three year term. Committee members in turn elect the committee chair who also serves  
35        a three year term.

#### 36 37      **Departmental Clinical Operations, Quality & Safety Committee**

38        Members: Divisional Clinical Directors/representatives, Chief Residents, Vice-Chair for  
39        Ambulatory Medicine (co-chair), Vice Chair of Quality (co-chair), Senior Department  
40        Administrator, Vice Chair for Inpatient Clinical Medicine (co-chair).

41        Charge: Responsible for the delivery of quality care by the Department of Medicine. The  
42        committee will:

- 43        ▪ Respond to queries/suggestions/requests of other quality bodies.
- 44        ▪ Provide recommendations to the Chair about the requirements of the  
45        clinical department.
- 46        ▪ Prioritize clinical needs for Chair and Department Finance Committee.

- 1           ▪     Formulate department policies for both inpatient and outpatient clinical
- 2           activities.
- 3           ▪     Oversight of implementation Departmental clinical policy.
- 4           ▪     Oversight of Divisional clinical policies/practices for adherence to
- 5           departmental policy.
- 6           ▪     Oversight of departmental clinical resource utilization.
- 7           ▪     Mediate disputes between medicine services.
- 8           ▪     Establish and monitor quality metrics concerning the delivery of quality patient
- 9           care, patient/family satisfaction and referring physician satisfaction.
- 10          ▪     Interact with Health System Quality Programs and Initiatives under direction of
- 11          the Vice Chair of Quality.
- 12          ▪     Department peer review.
- 13          ▪     Department risk management.
- 14          ▪     Clinical strategic planning.
- 15          ▪     Respond to initiatives as directed by the Vice Chair for Quality.

#### **Department Leadership Committee**

18           Members: This committee is led by the Chairman of the DOIM. Members include current

19           Division Directors, Department Administrators, Division Administrators, Vice Chairs

20           and Department Finance Manager.

21           Charge: Oversee general functioning of the Department; represent the interests and

22           concerns of their division's faculty.

23           Term: No term limit. Division Director's reappointment is reviewed annually.

#### **Faculty Council, Representatives (COM)**

26           Members: Elected by an open vote of all members of the clinical and tenure faculty. Two

27           regular representatives are elected along with two alternates who serve in their absence.

28           tenure track Department faculty.

29           Charge: Represent Departmental faculty on the College of Medicine Faculty Council;

30           report salient issues to the Chair; present issues to the faculty at Departmental Faculty

31           Meetings.

32           Term: Each representative is elected to a three year term limit.

#### **Fellowship Directors Meeting**

35           Members: Chaired by the Vice Chair for Education. Members include all Fellowship

36           Directors; Vice Chair for Education, Internal Medicine Program Directors. Chair is

37           appointed by VC of Education

38           Charge: Oversee fellowship education, insure compliance with ACGME regulations for

39           fellowship education; provide faculty development opportunities for faculty supervising

40           fellows.

41           Term: No term limit.

#### **Finance Committee**

44           Members: Chair, Vice Chair for Finance. One member per division appointed by each

45           division director.

1           Charge: Review financial activity and make recommendations to the Chair regarding  
2           financial issues relating to the Department.

3           Term: Chair has no term limit. At-large members are nominated and voted on by faculty  
4           for a two year term. Division directors are automatic members.

5  
6           **Core Liaisons to the Residency Committee**

7           Members: Chair, residency program director. Members are educational representatives  
8           from each division.

9           Charge: Meet to maintain and update residency curriculum and provide residency  
10          education related faculty development to their assigned divisions; meet four times a year.

11          Term: No term limit. Appointments are reviewed annually at the beginning of the fiscal  
12          year.

13  
14          **Residency Program Clinical Competency Committee**

15          Members: Chair, associate residency program director. Members are Internal Medicine  
16          residency program directorate, divisional core  
17          liaisons to the residency, and other designated members

18          Charge: Evaluate residents on the ACGME sub-competencies twice annually

19          Term: No term limit.

20  
21          **House staff Education Committee**

22          Members: Chair, associate residency program director. Members are faculty selected by  
23          division directors and Internal Medicine Program Directors; house staff are elected by  
24          their class.

25          Charge: Oversee all aspects of house staff training as well as the Department's adherence  
26          to ACGME guidelines.

27          Term: No term limit.

28  
29          **House staff Evaluation Committee**

30          Members: Chair, associate residency program director. Members selected by Training  
31          Program Director and Chair.

32          Charge: Review house staff performance and recommend any needed corrective action to  
33          Training Program Director.

34          Term: No term limit.

35  
36          **Intern Selection Committee**

37          *Annually in February*

38          Members: Chair, residency program director. Members are selected by Training Program  
39          Director and Chair.

40          Charge: Review all data collected on interviewed candidates, individually rate each  
41          candidate's qualifications, and participate in the department's Rank Order meeting.

42          Term: No term limit.

43  
44          **Student Education Committee**

45          Members: Chair, Vice Chair for Education. Members selected by division director, and  
46          the Clerkship Director.

1            Charge: Oversee all aspects of medical student training in Departmental rotations as well  
2            as the Department's adherence to College of Medicine guidelines.

3            Term: No term limit.  
4

### 5    **Student Evaluation Committee**

6            Members: Chair, IM clerkship directors. Members are selected by Clerkship Director and  
7            other faculty leadership positions.

8            Charge: Review Med3 and Med4 student performance on Departmental rotations, assign  
9            a grade and create a grade card for the College of Medicine.

10           Term: No term limit.  
11

## 12    **VIII Faculty Meetings**

13  
14    The DOIM Chair will provide to the faculty a schedule of DOIM faculty meetings at the  
15    beginning of each academic term. The schedule will provide for at least one meeting per quarter.  
16    A call for agenda items and completed agenda will be delivered to faculty by e-mail before each  
17    scheduled meeting. Reasonable efforts will be made to call for agenda items at least seven days  
18    before the meeting, and to distribute the agenda by e-mail at least three business days before the  
19    meeting. A meeting of the DOIM faculty will also be scheduled on written request of 25% of the  
20    faculty. The DOIM Chair will make reasonable efforts to have the meeting take place within one  
21    week of receipt of the request. The DOIM Chair will provide minutes of faculty meetings to  
22    faculty via the shared drive within seven days of the meeting if possible. These minutes may be  
23    amended at the next faculty meeting by a simple majority vote of the faculty who were present at  
24    the meeting covered by the minutes.  
25

26    Special policies pertain to voting on personnel matters, and these are set forth in the DOIM's  
27    Appointments, Promotion and Tenure Document.  
28

29    For purposes of discussing DOIM business other than personnel matters, and for making  
30    decisions where consensus is possible and a reasonable basis for action, a quorum will be defined  
31    as a simple majority of all faculty members eligible to vote.  
32

33    Either the DOIM Chair or one-third of all faculty members eligible to vote may determine that a  
34    formal vote conducted by written ballot is necessary on matters of special importance. For  
35    purposes of a formal vote, a matter will be considered decided when a particular position is  
36    supported by at least a majority of all faculty members eligible to vote. Balloting will be  
37    conducted by mail or e-mail when necessary to assure maximum participation in voting. When  
38    conducting a ballot by mail or email, faculty members will be given one week to respond.  
39

40    When a matter must be decided and a simple majority of all faculty members eligible to vote  
41    cannot be achieved on behalf of any position, the DOIM Chair will necessarily make the final  
42    decision.  
43

44    The DOIM accepts the fundamental importance of full and free discussion but also recognizes  
45    that such discussion can only be achieved in an atmosphere of mutual respect and civility.  
46    Normally DOIM meetings will be conducted with no more formality than is needed to attain the

1 goals of full and free discussion and the orderly conduct of business. However, Robert’s Rules of  
2 Order will be invoked when more formality is needed to serve these goals.

### 3 4 **IX Distribution of Faculty Duties and Responsibilities**

5  
6 The Office of Academic Affairs requires DOIM to have guidelines on the distribution of faculty  
7 duties and responsibilities (See the OAA [Policies and Procedures Handbook](#), Volume 1, Chapter  
8 2, Section 1.4.3).

9  
10 During on-duty periods, faculty members are expected to be available for interaction with  
11 students, research, and DOIM meetings and events even if they have no formal course  
12 assignment. Office hours are at the discretion of individual faculty members, and given the wide  
13 array of teaching roles, a policy for uniform hours is not feasible. On-duty faculty members  
14 should not be away from campus for extended periods of time unless on an approved leave (see  
15 section XII) or on approved travel.

16  
17 The guidelines outlined here do not constitute a contractual obligation. Fluctuations in the  
18 demands and resources of the DOIM and the individual circumstances of faculty members may  
19 warrant temporary deviations from these guidelines. Assignments and expectations for the  
20 upcoming year are addressed as part of the annual review by the DOIM Chair.

21  
22 A full-time faculty member’s primary professional commitment is to The Ohio State University  
23 and the guidelines below are based on that commitment. Faculty who have professional  
24 commitments outside of The Ohio State University during on-duty periods (including teaching at  
25 another institution; conducting research for an entity outside of The Ohio State University ;  
26 external consulting) must disclose and discuss these with the DOIM Chair in order to ensure that  
27 no conflict of commitment exists. Information on faculty conflicts of commitment is presented in  
28 the OAA [Policy on Faculty Conflict of Commitment](#).

#### 29 30 **A. Tenure-track Faculty**

31  
32 Tenure-track faculty members are expected to contribute to the university’s mission via  
33 teaching, scholarship, and service. When a faculty member’s contributions decrease in one of  
34 these three areas, additional activity in one or both of the other areas is expected.

#### 35 36 **Teaching**

37 All tenure, clinical and research faculty are expected to contribute to the DOIM’s  
38 teaching. There is a wide array of teaching roles in the DOIM including supervision and  
39 instruction on ward rounds, in the clinic, delivering didactic lectures to medical students,  
40 residents and peers and mentoring of faculty and developing scientists. By University  
41 rules, research faculty may engage in mentorship and small group instruction but not  
42 didactic teaching or course lectures. Owing to the many different clinical and scholarly  
43 roles of the faculty of the DOIM, it is not possible to specify minimum expectations for  
44 teaching hours. Teaching expectations will therefore vary among faculty members. The  
45 DOIM Chair and the Division Directors are responsible for annual teaching assignments  
46 for each faculty member.

1  
2 **Scholarship**

3 All faculty members of the DOIM are expected to engage in scholarship according to  
4 their career emphasis. The faculty of the department engage in a diverse range of  
5 scholarship. These domains and their expectations for productivity are defined in the in  
6 the DOIM's [Appointments, Promotion, and Tenure Document](#). Time devoted to  
7 scholarship is determined by the Division Director and DOIM Chair and is dependent on  
8 a variety of variables including salary support for scholarly activity, academic  
9 productivity, career goals and the missions of the Division and Department. Because of  
10 the diversity of faculty careers, more general guidelines for assignment of academic time  
11 are not feasible.

12  
13 **Service**

14 Faculty members are expected to be engaged in service and outreach to the DOIM,  
15 university, profession, and community. Alignment with career emphasis and goals is of  
16 greater importance in determining service than number of committees on which a faculty  
17 member serves. As a rule, more junior faculty have lower expectations for committee  
18 service than more senior faculty who have established their careers.

19  
20 All faculty members are expected to attend and participate in faculty meetings,  
21 recruitment activities, and other DOIM events.

22  
23 **Special Assignments**

24 In rare instances, DOIM faculty may be provided a Special Assignment. In these cases,  
25 guidelines established by the Office of Academic Affairs [Special Assignment Policy](#) will  
26 be followed.

27  
28 **B. Clinical/Teaching/Practice Faculty (Clinical Faculty)**

29  
30 Non-tenure Clinical Faculty hold the titles of Assistant/Associate/ Professor of Clinical  
31 Internal Medicine. As described in the DOIM [Appointments, Promotion, and Tenure](#)  
32 [Document](#) these faculty may have emphasis in one of three major pathways of scholarship  
33 known as Clinical Excellence, Clinician Educator and Clinician Scholar. Expectations and  
34 the nature of scholarship in these pathways are further described in the Appointments,  
35 Promotion and Tenure guidelines.

36  
37 **C. Research Faculty**

38  
39 Research faculty members are expected to contribute to the university's mission via research.  
40 These faculty are frequently those who will ultimately join the tenured faculty and use the  
41 time in this pathway to establish careers of research without expending time in the seven-year  
42 tenure probationary period. Scholarly achievements attained during appointment to the  
43 Research Faculty will be credited towards promotion and tenure when the faculty member  
44 joins the tenured faculty. Research Faculty may also consist of those who wish to focus their  
45 career entirely on funded research with minimal commitment to service or teaching.  
46 Research faculty expectations for research are similar to those for the tenure-track, albeit

1 proportionally greater since 100% of effort for research faculty members is devoted to  
2 research. Specific expectations are spelled out in the letter of offer.

3  
4 In all cases, it is expected that Research Faculty will have 100% support from extramural  
5 sources and in no case may general funds dollars be used to support these members of the  
6 faculty.

7  
8 In accord with Faculty Rule [3335-7-34](#),

9  
10 *A Research Faculty member may, but is not required to, participate in limited*  
11 *educational activities in the area of his or her expertise. However, teaching*  
12 *opportunities for each research faculty member must be approved by a majority vote*  
13 *of the DOIM's tenure-track faculty. Under no circumstances may a member of the*  
14 *research faculty be continuously engaged over an extended period of time in the same*  
15 *instructional activities as tenure-track faculty.*

16  
17 Further description of the appointment, promotion and expectations for support for Research  
18 Faculty are found in the DOIM [Appointment, Promotion and Tenure Document](#).

19  
20 **i. Clinical/Teaching/Practice and Research Faculty Appointment Cap and**  
21 **Governance Rights**

22  
23 The DOIM has been granted an exception to [Faculty Rule 3335-7-03](#), and accordingly  
24 there is no limit to the number of Clinical Faculty appointed to the department. Unless  
25 otherwise authorized by a majority vote of the tenure-track faculty in the DOIM, research  
26 faculty must comprise no more than 20% of the number of tenure-track faculty in the  
27 DOIM. In all cases, however, the number of research faculty positions must constitute a  
28 minority with respect to the number of tenure-track faculty in the unit.

29  
30 Clinical and Research Faculty may vote in all matters of DOIM governance except  
31 tenure-track appointment, promotion and tenure decisions. The DOIM divisions that  
32 appoint clinical, teaching, practice faculty determine the level of participation for  
33 governance and administrative structures in accordance with [Faculty Rule 3335-7-11](#).  
34 Any non-tenured clinical faculty member appointed by the DOIM may stand for election  
35 to serve as a representative in the University Senate subject to representation restrictions  
36 noted in [Faculty Rule 3335-7-11\(C\)\(2\)](#).

37  
38 Research faculty may participate in discussions of research faculty matters including  
39 promotion reviews.

40  
41 **D. Associated Faculty**

42  
43 Compensated associated faculty members are expected to contribute to the university's  
44 mission via teaching or research depending on the terms of their individual appointments.  
45 Faculty members with tenure-track titles and appointments <50% FTE will have reduced  
46 expectations based on their appointment level.

1 Expectations for compensated visiting faculty members will be based on the terms of their  
2 appointment and are comparable to that of tenure-track faculty members except that service  
3 is not required.  
4

## 5 **X Course Offerings and Teaching Schedule**

6

7 As stated in Section IX, the DOIM Chair and division directors are responsible for faculty  
8 assignments, including teaching. The DOIM does not provide a curriculum of formal courses but  
9 contributes to teaching in the Medical School, which provides a course list and times at which  
10 they are offered.

11 However, the following is a list of teaching activities in the DOIM. It is expected that faculty  
12 will participate in these or similar activities:  
13

- 14 ■ Review of and adherence to the curriculum of the course the faculty is assigned to teach.
- 15 ■ Compliance with start and stop times of classes and clinical rounds.
- 16 ■ Understanding and compliance with residency and student work load and work hour  
17 restrictions.
- 18 ■ Monitoring students and residents for fatigue, stress and impairment and notifying  
19 appropriate educational leaders with any concerns about learners.
- 20 ■ Using direct observations of learners with patients to assess clinical skills.
- 21 ■ Completing accurate and useful evaluations of learners in a timely fashion.
- 22 ■ Discussing learner evaluations with them in a face to face setting at least once during the  
23 duration of the teaching encounter.
- 24 ■ Maintaining ready availability to learners through pager or other means of urgent  
25 communication during clinical teaching assignments.
- 26 ■ Mentoring students and providing career enhancements.
- 27 ■ Counseling and providing opportunities for growth and improvement.  
28

## 29 **XI Allocation of DOIM Resources**

30

31 The DOIM Chair is responsible for the fiscal and academic health of the DOIM and for assuring  
32 that all resources—fiscal, human, and physical—are allocated in a manner that will optimize  
33 achievement of unit goals.  
34

35 The DOIM Chair will discuss the DOIM's budget at least annually with the faculty and attempt  
36 to achieve consensus regarding the use of funds across general categories. However, final  
37 decisions on budgetary matters rest with the DOIM Chair.  
38

39 Research space shall be allocated on the basis of research productivity, including external  
40 funding, and will be reallocated periodically as these faculty-specific variables change.  
41

42 The allocation of office space will include considerations such as achieving proximity of faculty  
43 in sub disciplines and productivity and grouping staff functions to maximize efficiency.  
44

45 The allocation of salary funds is discussed in the Appointments, Promotion and Tenure  
46 Document.

1 Each division may provide resources to support travel for university business according to their  
2 specific discretionary funds.

## 3 4 **XII Leaves and Absences**

5  
6 In general, there are four types of leaves and absences taken by faculty (in addition to parental  
7 leave, which is detailed in the [Parental Care Guidebook](#)). The university's policies and procedures  
8 with respect to leaves and absences are set forth in the Office of Academic Affairs [Policies and](#)  
9 [Procedures Handbook](#) and Office of Human Resources [Policies and Forms website](#). The  
10 information provided below supplements these policies.

11 *Applications for any of the following leaves or absences will be initiated by contacting the*  
12 *faculty member's Division Director or the Department's Executive Vice Chair for Academic*  
13 *Affairs.*

### 14 15 **A. Discretionary Absence**

16  
17 Faculty are expected to complete an Application for Leave form well in advance of a planned  
18 absence (e.g. as for attendance at a professional meeting or to engage in consulting) to  
19 provide time for its consideration and approval and time to assure that instructional and other  
20 commitments are covered. Discretionary absence from duty is not a right and the Chair  
21 retains the authority to disapprove a proposed absence when it will interfere with  
22 instructional or other comparable commitments. Such an occurrence is most likely when the  
23 number of absences in a particular quarter is substantial. Faculty Rules require that the Office  
24 of Academic Affairs approve any discretionary absence of ten or more days.

### 25 26 **B. Absence for Medical Reasons**

27  
28 When absences for medical reasons are anticipated, faculty members are expected to  
29 complete an Application for Leave form as early as possible. When such absences are  
30 unexpected, the faculty member, or someone speaking for the faculty member, should let the  
31 Chair know promptly so that instructional and other commitments can be managed. Absences  
32 for medical reasons may be designated as Family and Medical Leave (FML) and counted  
33 towards the 12 weeks of FML time limit if applicable. Faculty members are always expected  
34 to use sick leave for any absence covered by sick leave (personal illness, illness of family  
35 members, medical appointments). See OHR Policy 6.27 and 6.05 for details: [Paid Leave](#)  
36 and [Family medical leave](#).

### 37 38 **C. Parental Modification of Duties**

39  
40 The DOIM strives to be a family-friendly unit in its efforts to recruit and retain high quality  
41 faculty members. To this end, the DOIM is committed to adhering to the College of  
42 Medicine's guidelines on parental modification of duties to provide its faculty members  
43 flexibility in meeting work responsibilities within the first year of childbirth/adoption. See  
44 the [college pattern of administration](#) for details.

1 The faculty member requesting the modification of duties for childbirth/adoption and the  
2 DOIM Chair should be creative and flexible in developing a solution that is fair to both the  
3 individual and the unit while addressing the needs of the university. Expectations must be  
4 spelled out in an MOU that is approved by the dean.  
5

#### 6 **D. Unpaid Leaves of Absence**

7

8 A faculty member may request an unpaid leave of absence for personal or professional  
9 reasons. Absences for personal reasons may be designated as FML and counted towards both  
10 the 12 weeks of FML time limit and unpaid leave if applicable.  
11

12 Professional reasons would include an opportunity to accept a visiting appointment at another  
13 institution. A faculty member desiring an unpaid leave of absence should submit a written  
14 request for the absence as far in advance as possible of the time for which the leave is  
15 desired. Approval will be based on, but not limited to, the nature of the request, the extent to  
16 which the faculty member's responsibilities can be covered or deferred during the proposed  
17 absence, and the positive or negative impact on the department of the proposed absence.  
18 Unpaid leaves of absence require the approval of the Chair, Dean, Office of Academic  
19 Affairs, and Board of Trustees. For details see: [unpaid leave policy](#).  
20

#### 21 **E. Special Research Assignments**

22

23 Special Research Assignments (SRAs) are normally one term in length and are designed to  
24 provide a faculty member time away from classroom teaching and some other responsibilities  
25 in order to concentrate effort on research. SRAs are usually, but not necessarily, provided to  
26 faculty to develop a new research skill, initiate a new project, or complete an ongoing  
27 project. SRAs of shorter duration may be provided for such purposes as facilitating travel  
28 related to research that is less than a quarter in duration but more than a week or two  
29 provided classroom teaching is not disrupted.  
30

31 Untenured faculty will normally be provided an SRA during their probationary period.  
32 Reasonable efforts will be made to provide SRA opportunities to all productive faculty on a  
33 rotating basis subject to the quality of faculty proposals, including their potential benefit to  
34 the department, and the need to assure that sufficient faculty are always present to carry out  
35 department work.  
36

37 Faculty members who desire an SRA should discuss the matter with the department Chair  
38 during their annual evaluation or as soon thereafter as possible. The department Chair will  
39 indicate whether submission of a full proposal articulating the purpose and nature of the SRA  
40 is appropriate. The Chair will normally announce decisions regarding SRAs for the next  
41 academic year no later than June 30 of the previous academic year, but retains the option of  
42 making decisions regarding proposals at other times when circumstances warrant such  
43 flexibility.  
44  
45  
46

1       **F. Faculty Professional Leave**  
2

3       A Faculty Professional Leave (FPL) constitutes a more formal departure from regular  
4       academic duties than a Special Research Assignment and may be one, two or three terms in  
5       length for faculty. FPLs more than 1 term will involve salary reductions and other  
6       considerations established by the Ohio legislature and University Board of Trustees and  
7       faculty considering an FPL should fully acquaint themselves with these policies before  
8       applying for leave.  
9

10       Faculty members who desire an FPL should discuss the matter with their Division Director  
11       and Department Chair during their annual evaluation or as soon thereafter as possible. The  
12       department Chair will indicate whether submission of a full proposal articulating the purpose  
13       and nature of the FPL is appropriate. Because FPL proposals must be approved by the dean,  
14       Office of Academic Affairs, and Board of Trustees before they may be implemented, faculty  
15       should submit FPL proposals for a particular year no later than the end of Autumn Quarter of  
16       the preceding year, except when the development of an unexpected opportunity precludes  
17       such timing.  
18

19       The Chair's recommendation to the dean regarding an FPL proposal will be based on the  
20       quality of the proposal and its potential benefit to the department and to the faculty member  
21       as well as the ability of the department to accommodate the leave at the time requested.

22       For details see:

23       <https://oaa.osu.edu/assets/files/documents/facultyprofessionalleave.pdf>  
24

25       **G. Absences for University Business**  
26

27       The Department of Internal Medicine recognizes that support of the tripartite mission of the  
28       institution may require faculty and staff to participate in outreach activities. The goal of  
29       these activities should be to enhance operations, expand the base of patient referrals, or  
30       increase the research and educational reputation of the institution. All activities must be  
31       compatible with the strategic priorities of the institution. When these activities arise and  
32       require absences from the institution, faculty and staff may, with prior approval, use the  
33       designation of University Business for their leave rather than use vacation leave.  
34

35       University Business leave may not interfere with the day to day functioning of the  
36       department/division and will be subject to review to insure that the number of days away  
37       from the institution is not excessive. Arrangements for coverage of administrative and  
38       clinical activities must be made and communicated to relevant constituencies.  
39

40       Travel and leaves mandated by the university or medical center to fulfill assigned roles are  
41       designated as university business. Such travel may include but is not limited to site visits,  
42       consultation visits, project demonstrations and retreats. An Application for Leave form must  
43       be completed for absences for University business.  
44  
45  
46

1       **H. Other Categories of University Business**  
2

- 3       ▪ **Regional and National Visiting Professorships:** Travel to an institution within the  
4       continental United States for the purpose of academic exchange may be classified as  
5       university business if there is reason to believe that such travel will improve the  
6       reputation of the department or institution with valued constituencies (i.e. future  
7       students, graduate medical education trainees, faculty or academic leaders). In general,  
8       visiting professorships should be limited to three days except with prior approval of the  
9       department Chair.
- 10
- 11       ▪ **International Visiting Professorships:** International visiting professorships will be  
12       considered university business if the OSU Office of Global Health has identified a  
13       strategic rationale for a relationship between the inviting institution and Ohio State  
14       University Medical Center (OSUMC). This rationale may include the desire to  
15       establish an educational exchange program; research collaboration or clinical  
16       collaboration. International visiting professorships thus require prior authorization  
17       from the Office of Global Health Initiatives to be considered university business.
- 18
- 19       ▪ **Invited presentations at Regional, National or International Meetings:** The  
20       department recognizes the value in dissemination of knowledge. Thus, faculty who are  
21       invited to present posters, abstracts, workshops, or lectures at regional, national or  
22       international meetings of specialty societies may use the designation of university  
23       business for leave required to attend such meetings.
- 24
- 25       ▪ **NIH Related Activities:** Participation in study sections and other NIH associated  
26       business enhances the national reputation of faculty and thus the institution. Leave to  
27       attend meetings for these activities are considered university business.
- 28
- 29       ▪ **Collaborative Research Meetings:** Meetings to establish or maintain multicenter  
30       research collaborations can be considered university business.
- 31
- 32       ▪ **Elected Positions on National Specialty Councils:** With prior approval, faculty  
33       members are encouraged to seek positions of national prominence and impact in their  
34       specialty. If elected, they are allowed to use the university business designation for  
35       their leave.
- 36
- 37       ▪ **Appointments to National Boards or Regulatory Agencies:** Service to national  
38       boards enhances the reputation of the institution. Such service will qualify for the  
39       designation of university business.
- 40
- 41       ▪ **Maintenance of Certification:** The institution requires that all physicians maintain  
42       certification in their primary area of practice. Thus, leaves for secure examinations  
43       needed for maintenance of certification can be classified as university business.
- 44
- 45       ▪ **Depositions and Expert Witness Activities:** Faculty who are required to appear in  
46       court for cases directly related to their work with the university or medical center or in

1 support of university or medical center cases are allowed to use the university business  
2 designation for their leave.

3  
4 The following activities do not classify as university business; approved vacation leave must be  
5 used instead.

- 6  
7
  - 8 ■ CME in excess of five days per year unless approved by the faculty member's division
  - 9 ■ International Visiting professorships that do not receive prior authorization.
  - 10 ■ Professional Leaves or SRA (see LEAVES & ABSENCES above).
  - 11 ■ Preparation for any of the activities authorized as university business.
  - 12 ■ Expert Witness work for cases not related to the OSUMC activities.
  - 13 ■ Paid consultancies for for-profit organizations.

14 All forms of leave require the approval of the DOIM Chair. The chair's/director's  
15 recommendation to the dean regarding an FPL proposal will be based on the quality of the  
16 proposal and its potential benefit to the DOIM and to the faculty member as well as the  
17 ability of the DOIM to accommodate the leave at the time requested.

### 18 19 **XIII Supplemental Compensation and Paid External Consulting**

20  
21 Information on faculty supplemental compensation is presented in the OAA [Policy on Faculty](#)  
22 [Compensation](#). Information on paid external consulting is presented in the university's [Policy on](#)  
23 [Faculty Paid External Consulting](#). The information provided below supplements these policies.

24  
25 The DOIM adheres to these policies in every respect. In particular, the DOIM expects faculty  
26 members to carry out the duties associated with their primary appointment with the university at  
27 a high level of competence before seeking other income-enhancing opportunities. All activities  
28 providing supplemental compensation must be approved by the DOIM Chair regardless of the  
29 source of compensation. External consulting must also be approved. Approval will be contingent  
30 on the extent to which a faculty member is carrying out regular duties at an acceptable level, the  
31 extent to which the extra income activity appears likely to interfere with regular duties, and the  
32 academic value of the proposed consulting activity to the DOIM. In addition, it is university  
33 policy that faculty may not spend more than one business day per week on supplementary  
34 compensated activities and external consulting combined.

35  
36 Faculty who fail to adhere to the university's policies on these matters, including seeking  
37 approval for external consulting, will be subject to disciplinary action.

38  
39 Faculty with an administrative position (for example, chair, associate/assistant dean, center  
40 director) remain subject to the Policy on Faculty Paid External Consulting and with appropriate  
41 approval, are permitted to engage in paid external work activities. However, faculty members  
42 with administrative positions are not permitted to accept compensation/honoraria for services  
43 that relate to or are the result of their administrative duties and responsibilities.

44  
45 Should a faculty member of the DOIM wish to use a textbook or other material that is authored  
46 by the faculty member and the sale of which results in a royalty being paid to him or her, such

1 textbook or material may be required for a course by the faculty member only if (1) the faculty  
2 member's DOIM Chair and dean or designee have approved the use of the textbook or material  
3 for the course taught by the faculty member, or (2) an appropriate committee of the DOIM or  
4 college reviews and approves the use of the textbook or material for use in the course taught by  
5 the faculty member.

#### 6 7 **XIV Financial Conflicts of Interest**

8  
9 Information on faculty financial conflicts of interest is presented in the university's [Policy on](#)  
10 [Faculty Financial Conflict of Interest](#). A conflict of interest exists if financial interests or other  
11 opportunities for tangible personal benefit may exert a substantial and improper influence upon a  
12 faculty member or administrator's professional judgment in exercising any university duty or  
13 responsibility, including designing, conducting or reporting research.

14  
15 Faculty members with external funding or otherwise required by university policy are required to  
16 file conflict of interest screening forms annually and more often if prospective new activities  
17 pose the possibility of financial conflicts of interest. Faculty who fail to file such forms or to  
18 cooperate with university officials in the avoidance or management of potential conflicts will be  
19 subject to disciplinary action.

20  
21 In addition to financial conflicts of interest, faculty must disclose any conflicts of commitment  
22 that arise in relation to consulting or other work done for external entities. Further information  
23 about conflicts of commitment is included in section IX above.

#### 24 25 **XV Grievance Procedures**

26  
27 Members of the DOIM with grievances should discuss them with the DOIM Chair who will  
28 review the matter as appropriate and either seek resolution or explain why resolution is not  
29 possible. Content below describes procedures for the review of specific types of complaints and  
30 grievances.

##### 31 32 **A. Salary Grievances**

33  
34 A faculty or staff member who believes that his or her salary is inappropriately low should  
35 discuss the matter with the DOIM Chair. The faculty or staff member should provide  
36 documentation to support the complaint.

37  
38 Faculty members who are not satisfied with the outcome of the discussion with the DOIM  
39 Chair and wish to pursue the matter may be eligible to file a more formal salary appeal (see  
40 the Office of Academic Affairs [Policies and Procedures Handbook](#)).

41  
42 Staff members who are not satisfied with the outcome of the discussion with the DOIM Chair  
43 and wish to pursue the matter should contact [Employee and Labor Relations](#) in the Office of  
44 Human Resources.

1       **B. Faculty Misconduct**

2  
3       Complaints alleging faculty misconduct or incompetence should follow the procedures set  
4       forth in Faculty Rule [3335-5-04](#).

5  
6       **C. Faculty Promotion and Tenure Appeals**

7  
8       Promotion and tenure appeals procedures are set forth in Faculty Rule [3335-5-05](#).

9  
10       **D. Sexual Misconduct**

11  
12       The university's policy and procedures related to sexual misconduct are set forth in OHR  
13       [Policy 1.15](#).

14  
15       **E. Student Complaints**

16  
17       Normally student complaints about courses, grades, and related matters are brought to the  
18       attention of individual faculty members. In receiving such complaints, faculty should treat  
19       students with respect regardless of the apparent merit of the complaint and provide a  
20       considered response. When students bring complaints about courses and instructors to the  
21       DOIM Chair, the DOIM Chair will first ascertain whether or not the students require  
22       confidentiality. If confidentiality is not required, the DOIM Chair will investigate the matter  
23       as fully and fairly as possible and provide a response to both the students and any affected  
24       faculty. If confidentiality is required, the DOIM Chair will explain that it is not possible to  
25       fully investigate a complaint in such circumstances and will advise the student(s) on options  
26       to pursue without prejudice as to whether the complaint is valid or not. See Faculty Rule  
27       [3335-8-23](#).

28  
29       Faculty complaints regarding students must always be handled strictly in accordance with  
30       university rules and policies. Faculty should seek the advice and assistance of the DOIM  
31       Chair and others with appropriate knowledge of policies and procedures when problematic  
32       situations arise. In particular, evidence of academic misconduct must be brought to the  
33       attention of the [Committee on Academic Misconduct](#) (see also Faculty Rule [3335-23-05](#)).

34  
35       **F. Code of Student Conduct**

36  
37       In accordance with the [Code of Student Conduct](#), faculty members will report any instances  
38       of academic misconduct to the Committee on Academic Misconduct.

39  
40       **G. [Professional Student Honor Code](#)**

41  
42       **XVI Performance Improvement and Termination**

43  
44       The DOIM defers its faculty termination policy to the COM POA and Faculty Rule [3335-5-04](#).