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

Approved by the Office of Academic Affairs: 1/18/2021

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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 and Voting Rights**

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 tenure-track faculty,  
30 non-tenure-track clinical faculty and non-tenure-track research faculty with compensated FTEs  
31 of at least 50% in the Department of Internal Medicine. Associated faculty, Emeritus faculty, and  
32 faculty joint appointees with FTEs below 50% in this department may be invited to participate in  
33 discussions on non-personnel matters, but may not participate in personnel matters, including  
34 promotion and tenure reviews, and may not vote on any matter.  
35

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

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

5  
6 Emeritus faculty in this DOIM are invited to participate in discussions on non-personnel matters,  
7 but may not participate in personnel matters, including promotion and tenure reviews, and may  
8 not vote on any matter.

9  
10 Detailed information about the appointment criteria and procedures for the various types of  
11 faculty appointments made in this DOIM is provided in the [Appointments, Promotion and](#)  
12 [Tenure Document](#).

### 13 14 15 **A. Faculty Recruitment**

16  
17 A search committee or standing divisional recruitment committee is required for recruitment  
18 of all faculty positions other than the division director (see Section V for more on the  
19 department's divisions). The committee will be inclusive of differing gender, race and  
20 ethnicity. The committee will closely engage with the division director in all recruitment  
21 efforts, and its duties include identifying candidates, assurance of diversity of candidates,  
22 assisting in due diligence evaluations, interviewing candidates and providing counsel to the  
23 division director regarding the final candidate selection. The committee will document  
24 inclusiveness and diversity of candidates for the faculty position.

## 25 26 **V Organization of DOIM Services and Staff**

27  
28 The DOIM is organized into divisions, which represent the various specialties within the  
29 discipline of Internal Medicine. Each division constitutes an academic subunit led by a Division  
30 Director and is responsible for teaching, research and patient care related to the specific  
31 discipline. Currently, the DOIM has fifteen divisions:

- 32
- 33     ▪ Cancer Prevention and Control
- 34     ▪ Cardiovascular Medicine
- 35     ▪ Dermatology
- 36     ▪ Endocrinology, Diabetes & Metabolism
- 37     ▪ Gastroenterology, Hepatology & Nutrition
- 38     ▪ General Internal Medicine
- 39     ▪ Hematology
- 40     ▪ Hospital Medicine
- 41     ▪ Human Genetics
- 42     ▪ Infectious Diseases
- 43     ▪ Medical Oncology
- 44     ▪ Nephrology
- 45     ▪ Palliative Medicine
- 46     ▪ Pulmonary, Critical Care, and Sleep Medicine

- 1       ▪ Rheumatology and Immunology

2  
3 The creation or elimination of a division or the transfer of faculty in a specific discipline from  
4 one division to another is at the sole discretion of the Chair.

5  
6 In addition to the leadership provided by the division Directors, there are two Executive Vice  
7 Chairs, seven Vice Chairs and two Associate Vice Chairs whose responsibilities are aligned with  
8 the mission areas of the department. The mission areas of the Department are Academic Affairs,  
9 Faculty Affairs, Education, Research, Finance, Inpatient and Ambulatory Medicine and Quality.  
10 Divisions as a whole and members of the division as individuals are responsible for contributing  
11 to the overall mission of the Department as well as their respective divisional missions.

12  
13 The Department functions as an academic unit through the policies and procedures outlined in  
14 this document. The actual practice of medicine, however, is conducted through the FGP/Ohio  
15 State University Internal Medicine, LLC. Ohio State University Internal Medicine LLC is an  
16 incorporated entity which constitutes the clinical practice group of the Department of Internal  
17 Medicine as mandated by the Faculty Group Practice Plan of the University. Physician faculty  
18 who conduct their clinical practice activities through FGP/OSU Internal Medicine, LLC are  
19 governed by “The By-Laws of OSU Internal Medicine, LLC”, “Physician Handbook for Clinical  
20 Activities” and “Terms and Conditions for Participation in Faculty Group Practice”. All of these  
21 documents are available upon request.

22  
23 OSU Internal Medicine, LLC, in addition to its responsibility for the clinical activities of the  
24 Department, serves as the principal source of income to carry out the academic missions of the  
25 Department. Therefore, a direct and constant relationship between the Department and the LLC  
26 is essential for the successful functioning of either entity. Throughout this document, where  
27 appropriate, the interrelations between these two entities as related to specific functions will be  
28 noted.

## 29 30 **VI Overview of DOIM Administration and Decision-Making**

31  
32 Policy and program decisions are made in a number of ways: by the DOIM faculty as a whole,  
33 by standing or special committees of the DOIM, or by the DOIM chair. The nature and  
34 importance of any individual matter determine how it is addressed. DOIM governance proceeds  
35 on the general principle that the more important the matter to be decided, the more inclusive  
36 participation in decision making needs to be. Open discussions, both formal and informal,  
37 constitute the primary means of reaching decisions of central importance.

## 38 39 **VII DOIM Administration**

### 40 41 **A. DOIM Chair**

42  
43 The primary responsibilities of the DOIM Chair are set forth in Faculty Rule [3335-3-35](#). This  
44 rule requires the DOIM Chair to develop, in consultation with the faculty, a Pattern of  
45 Administration with specified minimum content. The rule, along with Faculty Rule [3335-6](#),  
46 also requires the DOIM Chair to prepare, in consultation with the faculty, a document setting

1 forth policies and procedures pertinent to appointments, reappointments, promotion and  
2 tenure.

3  
4 Other responsibilities of the DOIM chair, not specifically noted elsewhere in this Pattern of  
5 Administration, are paraphrased and summarized below.

- 6  
7 • To have general administrative responsibility for DOIM programs, subject to the  
8 approval of the dean of the college, and to conduct the business of the DOIM efficiently.  
9 This broad responsibility includes the acquisition and management of funds and the  
10 hiring and supervision of faculty and staff.  
11
- 12 • To plan with the members of the faculty and the dean of the college a progressive  
13 program; to encourage research and educational investigations.  
14
- 15 • To evaluate and improve instructional and administrative processes on an ongoing basis;  
16 to promote improvement of instruction by providing for the evaluation of each course  
17 when offered, including written evaluation by students of the course and instructors, and  
18 periodic course review by the faculty.  
19
- 20 • To evaluate faculty members annually in accordance with both university and DOIM  
21 established criteria; to inform faculty members when they receive their annual  
22 performance and merit review of their right to review their primary personnel file  
23 maintained by their DOIM and to place in that file a response to any evaluation,  
24 comment, or other material contained in the file.  
25
- 26 • To recommend, after consultation with the eligible faculty, appointments,  
27 reappointments, promotions, dismissals, and matters affecting the tenure of members of  
28 the DOIM faculty to the dean of the college, in accordance with procedures set forth in  
29 Faculty Rule [3335-6](#) and [3335-7](#) and this DOIM's Appointments, Promotion and Tenure  
30 document.  
31
- 32 • To see that all faculty members, regardless of their assigned location, are offered the  
33 privileges and responsibilities appropriate to their rank; and in general to lead in  
34 maintaining a high level of morale.  
35
- 36 • To maintain a curriculum vitae for all personnel teaching a course in the DOIM's  
37 curriculum.  
38
- 39 • To see that adequate supervision and training are given to those members of the faculty  
40 and staff who may profit by such assistance.  
41
- 42 • To prepare, after consultation with the faculty, annual budget recommendations for the  
43 consideration of the dean of the college.  
44
- 45 • To facilitate and participate in prescribed [academic program review](#) processes, in  
46 collaboration with the dean of the college and the Office of Academic Affairs.

1  
2 Day-to-day responsibility for specific matters may be delegated to others, but the DOIM  
3 Chair retains final responsibility and authority for all matters covered by this Pattern, subject  
4 when relevant to the approval of the dean, Office of Academic Affairs, and Board of  
5 Trustees.

6  
7 Operational efficiency requires that the DOIM Chair exercise a degree of autonomy in  
8 establishing and managing administrative processes. The articulation and achievement of  
9 DOIM academic goals, however, is most successful when all faculty members participate in  
10 discussing and deciding matters of importance. The DOIM Chair will therefore consult with  
11 the faculty on all educational and academic policy issues and will respect the principle of  
12 majority rule. When a departure from majority rule is judged to be necessary, the DOIM  
13 Chair will explain to the faculty the reasons for the departure, ideally before action is taken.

## 14 15 **B. Other Administrators**

### 16 17 **Executive Vice Chair of Academic Affairs**

18 The Executive Vice Chair of Academic Affairs is appointed by the Chair of the Department of  
19 Internal Medicine and assists the Department Chair in all issues of faculty Appointment,  
20 Promotion and Tenure, and issues of ethical academic and professional conduct. The Vice Chair  
21 of Academic Affairs counsels and assists faculty in their development. All recruitments to the  
22 Department of Internal Medicine are directly or indirectly under the supervision of the Vice  
23 Chair and this office seeks to expand the diversity of the faculty and academic programs. This  
24 office will also serve as a liaison with the Associate Dean of Academic Affairs of the College of  
25 Medicine. Specific responsibilities include:

- 26
- 27     ▪ Serve as Chair of the elected faculty Appointments, Promotion and Tenure Committee.
- 28     ▪ Lead faculty discussions and deliberations regarding Appointments, Promotion, and  
29     Tenure issues.
- 30     ▪ Report to the Department Chair the results of all faculty Appointments, Promotion and  
31     Tenure Decisions.
- 32     ▪ Work in close collaboration with all divisions in the recruitment of new faculty to allow  
33     appropriate initial faculty appointment coincident with the formal offers to join the  
34     Department of Internal Medicine.
- 35     ▪ Conduct regular individual faculty discussion of career progress and provide advice  
36     regarding the attainment of goals leading to appropriate promotion and career  
37     advancement. This may also involve review by the Appointment, Promotion, and Tenure  
38     Committee and should also include input by the appropriate Division Directors and the  
39     Department Chair.
- 40     ▪ Discusses faculty concerns regarding Appointment, Promotion and Tenure decisions and  
41     aid in resolution of these concerns on behalf of the Department and in accordance with  
42     Departmental, College, and Office of Academic Affairs guidelines.
- 43     ▪ Reviews and aids in the mediation of concerns regarding ethical academic and  
44     professional conduct.

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

1  
2 **Executive Vice Chair of Clinical Operations**

3 The Executive Vice Chair of Clinical Operations will have the oversight responsibility related to  
4 inpatient and outpatient clinical operations including patient safety, including quality of care,  
5 protocol and practice guideline development and review, faculty and clinical provider  
6 recruitment and compensation, and assuring that the education and training of the Residents and  
7 Fellows in clinical research commensurate with their activity and trainees are provided proper  
8 supervision in the Department of Internal Medicine. The Executive Vice Chair of Clinical  
9 operations will align the department clinical mission with that of the medical center ensuring  
10 high-quality care through the standardization of clinical practice, program implementation and  
11 staff mentoring. Specific responsibilities include:

- 12
- 13     ▪ Ensure high-quality care through the standardization of clinical practice, program  
14       implementation and staff mentoring.
  - 15     ▪ Develop and oversee new and existing clinical programs. Seek and encourage  
16       operational improvements as required, particularly those impacting clinical workflow.
  - 17     ▪ Play a major role in clinical faculty and extender recruitment
  - 18     ▪ Develop, mentor, and support less experienced physicians.
  - 19     ▪ Oversee the Divisional physician clinical schedule and staffing and work with clinical  
20       operations team to make improvements.
  - 21     ▪ Monitors compliance of all clinic metrics (Customer Service, Membership, Retention,  
22       Length of Stay, clinic access etc.)
  - 23     ▪ Develop liaison relationships with the private community physicians and staff to support  
24       and promote safe clinical practices.
  - 25     ▪ Elevate the department's level of excellence and reputation, both nationally and  
26       internationally.
  - 27     ▪ Maintain professional affiliations and enhance professional growth and development to  
28       remain current in the changing healthcare trends as related to management of clinic  
29       operations.
  - 30     ▪ Work with the Chair to actively participate in fund raising efforts.

31  
32 **Vice Chair of Inpatient Operations**

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

- 36     ▪ Insure inpatient access to the Wexner Medical Center (WMC) including working with the  
37       Transfer Center, the Emergency Department, and the faculty and referring physicians;
- 38     ▪ Insure effective patient flow through the academic medical center including access to  
39       intensive care and step-down units for patients in need of these services;
- 40     ▪ Insure 24-hour seven day consultative services are available from Internal Medicine  
41       Faculty;
- 42     ▪ Represent the Department at organizational meetings dealing with patient care and  
43       IHIS/Epic medical information and quality;
- 44     ▪ Strive to improve patient satisfaction for all patients seen in the Department;
- 45     ▪ Work with the respective Division Directors to insure that the clinical mission is effective  
46       and that the highest level of physician, staff, and patient satisfaction are achieved.



1 Along with Vice Chair of Quality and Vice Chair of Ambulatory Operations, hold monthly  
2 meetings with representatives of divisions with clinical services to update them on new/changed  
3 hospital policies and procedures; also address clinical issues and have group provide feedback  
4 and changes to current operating procedures.  
5

#### 6 **Vice Chair of Ambulatory Operations**

7 The Vice Chair of Ambulatory Operations is responsible for strategic planning and operations  
8 for the outpatient clinical mission of the Department of Internal Medicine. Specific  
9 responsibilities include:

- 10     ▪ Coordinating long-range and strategic planning activities with regard to the outpatient  
11     care arena.
- 12     ▪ Establishing operating policies and procedures for all outpatient operations.
- 13     ▪ Provide general administrative direction to clinical operations.
- 14     ▪ Work with divisions to meet the metrics set for patient access to our outpatient clinics.
- 15     ▪ Assist the Vice Chair of Inpatient Clinical Medicine in representing the Department at  
16     organizational meetings dealing with patient care and IHIS/Epic medical information,  
17     clinic space and quality.
- 18     ▪ Strive to improve patient satisfaction for all patients seen in the Department.
- 19     ▪ Work with the respective Division Directors to insure that the clinical mission is effective  
20     and that the highest level of physician, staff, and patient satisfaction are achieved.

21 Along with Vice Chair of Quality and Vice Chair of Inpatient Operations, hold monthly  
22 meetings with representatives of divisions with clinical services /programs to update them on  
23 new/changed hospital policies and procedures; also address clinical issues and have group  
24 provide feedback and changes to current operating procedures.  
25

#### 26 **Vice Chair of Faculty Development**

27 The Vice Chair of Faculty Development is appointed by and reports to the Chair of the  
28 Department of Internal Medicine and, working in collaboration with the Executive Vice Chair of  
29 Academic Affairs, assists the Department Chair in issues related to faculty development,  
30 mentorship, culture and wellness. Specific responsibilities include:

- 31     ▪ Seeks to promote established mentorship programs and career development opportunities  
32     (such as FAME) in collaboration with the Executive Vice Chair of Internal Medicine –  
33     Academic Affairs for junior and new faculty and senior fellows in the Department of  
34     Internal Medicine:
    - 35         ○ Serves as a resource to junior faculty and new recruits in the Department for  
36         identifying mentorship programs available, establishing and fostering mentorship  
37         relationships, monitors progress in mentoring relationships and achievement of  
38         early faculty career goals towards independence
    - 39         ○ Develops, identifies and facilitates opportunities for professional and career  
40         development and growth for Departmental faculty, seeks out and promotes  
41         opportunities for further education, leadership training, and lifelong learning for  
42         Departmental faculty
    - 43         ○ Works with Departmental Fellowship Directors to enhance mentorship, career  
44         development and recruitment of senior fellow trainees to academic careers and  
45         faculty positions within the Department
- 46

- 1       ▪ Seeks to enhance the Department of Internal Medicine culture across the missions of  
2       clinical care, research and education:
  - 3           ○ Develop strategies to enhance the overarching and day-to-day culture in the  
4           Department through inter-Division collaboration across each mission
  - 5           ○ Promotes established programs and develops new initiatives to maximize  
6           physician wellness in the Department
  - 7           ○ Contributes to strategies in faculty recruitment and in enhancing faculty retention  
8           towards workplace-of-choice designation for Departmental members
  - 9           ○ Supports the Executive Vice Chair of Internal Medicine – Academic Affairs in  
10          serving as a resource for mediation and resolution of conflicts and challenges  
11          facing Departmental Faculty

### 13 **Vice Chair of Education**

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

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

### 42 **Associate Vice Chair of Education**

43 The Associate Vice Chair of Education will be responsible for development and implementation  
44 of a Departmental approach to evaluation and assessment of trainees and instructors and  
45 incorporation of these elements into the Department’s Faculty Development Program. The  
46 Associate Vice Chair of Education will also be responsible for assisting the Vice Chair of

1 Education with the oversight of the Department's Educational Program. Specific responsibilities  
2 include:

- 3
- 4     ▪ Coordination and analysis of the evaluation processes for all faculty and trainees
- 5     ▪ Coordination and analysis of curricula in the various educational training programs
- 6     within the Department of Medicine
- 7     ▪ Active collaboration with the College of Medicine's Director of Evaluation and
- 8     Assessment and Director of Faculty Development
- 9     ▪ Planning and presentation of faculty development workshops for Departmental educators
- 10    with specific emphasis on evaluation and assessment skills
- 11    ▪ Active participation as administrative liaison in all appropriate institutional Graduate
- 12    Medical Education (GME) committees
- 13    ▪ Active participation national organizations and societies related to faculty development
- 14    and our trainees' academic success and mental/emotional well-being
- 15    ▪ Coordination and oversight of research opportunities for trainees
- 16    ▪ Active participation in Continuing Medical Education (CME) courses for the Department
- 17    including development of education oriented CME programs for faculty
- 18

### 19 **Vice Chair of Translational Research**

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

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

- Act as Chair’s delegate in research matters as needed

### **Vice Chair of Basic Research**

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

- Collaborate with the Vice Chair of Translational Research and the College of Medicine Vice Dean for Research in all aspects of the growth and development of the Department of Internal Medicine (DOIM) research programs.
- Guide and facilitate the development of basic sciences within the DOIM and increase the number of funded basic science projects.
- Identifying opportunities for collaborations between physician/clinician scientists and basic scientists both within the DOIM and in departments and colleges outside the DOIM and the College of Medicine. These collaborations are expected to result in new funded programs of research.
- Participate in the design and implementation of the Departmental research strategic plan and assist each division with its own research strategic plan.
- Identify opportunities for the development of large programmatic grants that consist of cross-disciplinary collaborations across the DOIM, College of Medicine and University.
- Identify opportunities for which researchers in the DOIM may increase research funding through service as Core facilities for large multisite grants.
- As a member of the Vice Chair staff, the Vice Chair of Basic Research will be expected to attend Vice Chair meetings of the DOIM and will be a member of the Board of Managers.

### **Associate Vice Chair of Research**

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

- Facilitation of expanded growth of programmatic opportunities.
- Serving as an information source to match faculty with similar research interest.
- Expands and extends infrastructure for high-impact research endeavors by creating partnerships with research centers, institutes, and other University and non-University entities.
- Developing and maintaining program for Internal Medicine Investigators to facilitate successful grant applications.
- Developing seminars and workshops to stimulate interest in research.
- Meet with the department grants manager on a regular basis to troubleshoot any issues with pre and post awards.
- Provision of assistance to faculty, as requested, in the identification of funding sources.
- Determination of research space allocation in the Department and assist with the identification and negotiation for new space allocation.
- Serve as a liaison with the College and University Research Offices; serve on appropriate committees as Departmental representative.

- 1       ▪ Integrate the Departmental Research programs with the College and University
- 2       Programs.
- 3       ▪ Develop a strategic plan to increase research engagement by residents, post-doctoral
- 4       fellows, and other trainees.
- 5       ▪ Review requests for departmental research funding and present top applications to Chair
- 6       for funding approval.
- 7       ▪ Integrate research opportunities with the OSU CCTS.

### 9       **Vice Chair of Quality**

10      The Vice Chair of Quality is responsible for strategic planning and execution of plans to enhance  
11      the quality of clinical care delivered to patients by the Department of Internal Medicine. Specific  
12      responsibilities include:

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

### 42      **Vice Chair of Diversity and Inclusion**

43      The Vice Chair of Diversity and inclusion advises, counsels and assists the Chair of Medicine in  
44      developing policy and practice consistent with ensuring equal opportunity for all within the  
45      DOIM. This office seeks to expand the diversity of the faculty and ensure equality in all  
46      academic programs. Specific responsibilities include:

- 1       ▪ Serve as a Liaison to the Diversity Council/Equity committee
- 2       ▪ Assure equity in hiring, promotions, compensation (PhDs), strategic recruitment of a
- 3       diverse faculty in the DOIM
- 4       ▪ Develop and lead comprehensive programs within the DOIM focusing on initiatives
- 5       relevant to ensuring a culture of inclusion in all academic, clinical and teaching
- 6       activities.
- 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 ensure
- 10      diversity and inclusion remain at the forefront of recruitment efforts
- 11      ▪ Conduct regular individual faculty discussions on topics relevant to diversity and
- 12      inclusion
- 13      ▪ Serves as DOIM Ombudsman to faculty and staff in all concerns related to diversity and
- 14      inclusion
- 15      ▪ As a member of the Vice Chair staff, the Vice Chair of Diversity and Inclusion will be
- 16      expected to attend Vice Chair meetings of the DOIM and will be a member of the Board
- 17      of Managers.

18

19      **Vice Chair of Wellness**

20      The Vice Chair of Wellness is appointed by the Chair of the Department of Internal Medicine

21      and is responsible for strategic planning and execution of plans to enhance the wellness of

22      faculty and staff within the Department of Internal Medicine (DOIM). In this capacity, the

23      Vice Chair will:

- 24      ▪ Develop a comprehensive, systematic, and sustained program that includes resilience
- 25      skills, behaviors and attitudes that demonstrate physical, emotional and professional well-
- 26      being, and promotes peer support and self-compassion so faculty and staff are better
- 27      equipped to carry out the job duties.
- 28      ▪ Well-designed interventions to counter burnout and improve faculty and staff sense of
- 29      fulfillment and well-being, reduce emotional exhaustion, loss of meaning in work or a
- 30      sense of ineffectiveness and a lack of engagement with the workplace
- 31      ▪ Analyze programs carefully and completely before they are implemented. Evaluate
- 32      programs success by tracking their effectiveness and improve or change them when
- 33      necessary. Create a fiscally responsible strategy for implementing programs and
- 34      developing self-care as a professional core competency.
- 35      ▪ Develop scalable, affordable, and evidence-based approach to inform individual and
- 36      institutional well-being initiatives.
- 37      ▪ Create a variety of wellness opportunities (i.e. wellness course catalog, wellness rounds,
- 38      literature dissemination, orientation wellness talk, engagement groups, etc.
- 39      ▪ Promote the DOIM culture of wellness, caring, support, appreciation and teamwork along
- 40      with a sense of community.
- 41      ▪ Link well-being to key College of Medicine and Medical Center objectives and create
- 42      Department level interventions.
- 43      ▪ Promote innovative research focused on physician well-being. Facilitate evidence-based
- 44      approaches to inform departmental and institutional well-being initiatives.
- 45      ▪ Provide a validated self-calibration tool with links to resources to promote self-care.

- 1       ▪ Provide monthly updates to leadership and DOIM faculty and staff on the progress of
- 2       program initiatives.

#### 3 4 **Associate Vice Chair of Wellness**

5 The Associate Vice Chair of Wellness is appointed by the Chair of the Department of Internal Medicine  
6 and coordinates in collaboration with the Vice Chair of Wellness. This position is responsible for strategic  
7 planning and execution of plans to enhance the wellness of faculty and staff within the Department of  
8 Internal Medicine (DOIM). In this capacity, the Associate Vice Chair will:

- 9
- 10       • Develop a comprehensive, systematic, and sustained program that includes resilience skills,
- 11       behaviors and attitudes that demonstrate physical, emotional and professional well-being, and
- 12       promotes peer support and self-compassion so faculty and staff are better equipped to carry out
- 13       the job duties.
- 14       • Well-designed interventions to counter burnout and improve faculty and staff sense of fulfillment
- 15       and well-being, reduce emotional exhaustion, loss of meaning in work or a sense of
- 16       ineffectiveness and a lack of engagement with the workplace
- 17       • Analyze programs carefully and completely before they are implemented. Evaluate programs
- 18       success by tracking their effectiveness and improve or change them when necessary. Create a
- 19       fiscally responsible strategy for implementing programs and developing self-care as a
- 20       professional core competency.
- 21       • Develop scalable, affordable, and evidence-based approach to inform individual and institutional
- 22       well-being initiatives.
- 23       • Create a variety of wellness opportunities (i.e. wellness course catalog, wellness rounds, literature
- 24       dissemination, orientation wellness talk, engagement groups, etc.
- 25       • Promote the DOIM culture of wellness, caring, support, appreciation and teamwork along with a
- 26       sense of community.
- 27       • Link well-being to key College of Medicine and Medical Center objectives and create
- 28       Department level interventions.
- 29       • Promote innovative research focused on physician well-being. Facilitate evidence-based
- 30       approaches to inform departmental and institutional well-being initiatives.
- 31       • Provide a validated self-calibration tool with links to resources to promote self-care.
- 32       • Provide monthly updates to leadership and DOIM faculty and staff on the progress of program
- 33       initiatives.
- 34       • Collaborate with OSUMC Chief Wellness Officer to ensure alignment of DOIM and OSUMC
- 35       initiatives.

#### 36 37 38 **Chief of Internal Medicine at OSU East Hospital (OSUE)**

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

- 42       ▪ Assist the Medical Director of OSUE in oversight of all Internal Medicine physicians
- 43       (both University and private) with respect to:
  - 44       ○ Clinical quality
  - 45       ○ Citizenship
  - 46       ○ Credentialing

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

### 15 **Division Directors**

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

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



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

### 12 13       **C. Committees**

14  
15      Much of the development and implementation of the department's policies and programs is  
16      carried out by standing and ad hoc committees. The Chair is an ex officio member of all  
17      department committees and may vote as a member on all committees except the Committee of  
18      Eligible Faculty and the Promotion and Tenure Committee. Standing committees for the  
19      department include the following:

#### 20 21      **Appointment, Promotion, and Tenure Committee**

22      Members: The selection, composition and term lengths of the Appointments, Promotion  
23      and Tenure committee are described in the department's Appointments, Promotion and  
24      Tenure document. Elected by tenured and tenure track Department faculty.

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

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

#### 33 34      **Departmental Clinical Operations, Quality & Safety Committee**

35      Members: Divisional Clinical Directors/representatives, Chief Residents, Vice-Chair of  
36      Ambulatory Medicine (co-chair), Vice Chair of Quality (co-chair), Senior Department  
37      Administrator, Vice Chair of Inpatient Clinical Medicine (co-chair).

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

- 40      ▪ Respond to queries/suggestions/requests of other quality bodies.
- 41      ▪ Provide recommendations to the Chair about the requirements of the  
42      clinical department.
- 43      ▪ Prioritize clinical needs for Chair and Department Finance Committee.
- 44      ▪ Formulate department policies for both inpatient and outpatient clinical  
45      activities.
- 46      ▪ Oversight of implementation Departmental clinical policy.

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

### 13

#### 14 **Department Leadership Committee**

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

16           Division Directors, Department Administrators, Division Administrators, Vice Chairs

17           and Department Finance Manager.

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

19           concerns of their division's faculty.

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

21

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

23           Members: Elected by an open vote of all members of the clinical and tenure-track faculty.

24           Two regular representatives are elected along with two alternates who serve in their

25           absence.

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

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

28           Meetings.

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

30

#### 31 **Fellowship Directors Meeting**

32           Members: Chaired by the Vice Chair of Education. Members include all Fellowship

33           Directors and Internal Medicine Program Directors.

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

35           fellowship education; provide faculty development opportunities for faculty supervising

36           fellows.

37           Term: No term limit.

38

#### 39 **Finance Committee**

40           Members: Chaired by Senior Department Administrator, Division Directors or one

41           faculty member appointed by the division director, 3 at large members and 3 non-voting

42           members.

43           Charge: Review financial activity and make recommendations to the DOIM Chair

44           regarding financial issues relating to the Department.

45           Term: Chair has no term limit. At-large members are nominated and voted on by faculty

46           for a two year term. Division directors are automatic members.

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**Core Liaisons to the Residency Committee**

Members: Chair: residency program director. Members are educational representatives from each division.  
Charge: Meet to maintain and update residency curriculum and provide residency education related faculty development to their assigned divisions; meet four times a year.  
Term: No term limit. Appointments are reviewed annually at the beginning of the fiscal year.

**Residency Program Clinical Competency Committee**

Members: Chair: associate residency program director. Members are Internal Medicine residency program directorate, divisional core liaisons to the residency, and other designated members  
Charge: Evaluate residents on the ACGME sub-competencies twice annually  
Term: No term limit.

**House staff Education Committee**

Members: Chair: associate residency program director. Members are faculty selected by division directors and Internal Medicine Program Directors; house staff are elected by their class.  
Charge: Oversee all aspects of house staff training as well as the Department's adherence to ACGME guidelines.  
Term: No term limit.

**House Staff Evaluation Committee**

Members: Chair: associate residency program director. Members selected by Training Program Director and Chair.  
Charge: Review house staff performance and recommend any needed corrective action to Training Program Director.  
Term: No term limit.

**Intern Selection Committee**

*Annually in February*  
Members: Chair: Residency program director. Members are selected by Training Program Director and Chair.  
Charge: Review all data collected on interviewed candidates, individually rate each candidate's qualifications, and participate in the department's Rank Order meeting.  
Term: No term limit.

**Student Education Committee**

Members: Chair: Vice Chair for Education. Members selected by division director, and the Clerkship Director.  
Charge: Oversee all aspects of medical student training in Departmental rotations as well as the Department's adherence to College of Medicine guidelines.  
Term: No term limit.

1 **Student Evaluation Committee**

2 Members: Chair: IM clerkship director. Members are selected by Clerkship Director and  
3 other faculty leadership positions.

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

6 Term: No term limit.  
7

8 **VIII Faculty Meetings**  
9

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

22 Special policies pertain to voting on personnel matters, and these are set forth in the DOIM's  
23 Appointments, Promotion and Tenure Document.  
24

25 For purposes of discussing DOIM business other than personnel matters, and for making  
26 decisions where consensus is possible and a reasonable basis for action, a quorum will be defined  
27 as a simple majority of all faculty members eligible to vote.  
28

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

36 When a matter must be decided and a simple majority of all faculty members eligible to vote  
37 cannot be achieved on behalf of any position, the DOIM Chair will necessarily make the final  
38 decision.  
39

40 The DOIM accepts the fundamental importance of full and free discussion but also recognizes  
41 that such discussion can only be achieved in an atmosphere of mutual respect and civility.  
42 Normally DOIM meetings will be conducted with no more formality than is needed to attain the  
43 goals of full and free discussion and the orderly conduct of business. However, Robert's Rules of  
44 Order will be invoked when more formality is needed to serve these goals.  
45

46 **IX Distribution of Faculty Duties and Responsibilities**

1  
2 The Office of Academic Affairs requires DOIM to have guidelines on the distribution of faculty  
3 duties and responsibilities (See the [OAA Policies and Procedures Handbook](#))  
4

5 Faculty assignments are described in the initial letter of offer. Assignments and expectations for  
6 the upcoming year are addressed as part of the annual review by the department chair based on  
7 departmental needs as well as faculty productivity and career development.  
8

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

16 Telework exception: Faculty members with responsibilities requiring in-person interaction  
17 are to work at a university worksite to perform those responsibilities. Telework and the use of  
18 remote, virtual meetings are allowed at the discretion of the department chair if such work  
19 can be performed effectively and faculty members are able to fulfill their responsibilities.  
20 Telework will be encouraged under certain circumstances if it serves the needs of the  
21 department, college, university, and/or community. The department chair has the discretion  
22 to require faculty to work on campus if there are concerns that responsibilities are not being  
23 fulfilled through telework.  
24

25 The guidelines outlined here do not constitute a contractual obligation. Fluctuations in the  
26 demands and resources of the DOIM and the individual circumstances of faculty members may  
27 warrant temporary deviations from these guidelines. Assignments and expectations for the  
28 upcoming year are addressed as part of the annual review by the DOIM Chair.  
29

30 A full-time faculty member's primary professional commitment is to The Ohio State University  
31 and the guidelines below are based on that commitment. Faculty who have professional  
32 commitments outside of The Ohio State University during on-duty periods (including teaching at  
33 another institution; conducting research for an entity outside of The Ohio State University ;  
34 external consulting) must disclose and discuss these with the DOIM Chair in order to ensure that  
35 no conflict of commitment exists. Information on faculty conflicts of commitment is presented in  
36 the OAA [Policy on Faculty Conflict of Commitment](#).  
37

38 In crisis situations, such as life-threatening disease (COVID, for example) or physical dangers  
39 (natural disasters, for example), faculty duties and responsibilities may be adjusted by the  
40 department chair to take into account the impact over time of the crisis. These adjustments may  
41 include modifying research expectations in order to maintain teaching obligations. These  
42 assignment changes must be considered in annual reviews.  
43

#### 44 **A. Tenure-track Faculty** 45

1 Tenure-track faculty members are expected to contribute to the university's mission via  
2 teaching, scholarship, and service. When a faculty member's contributions decrease in one of  
3 these three areas, additional activity in one or both of the other areas is expected.  
4

### 5 **Teaching**

6 All tenure-track faculty are expected to contribute to the DOIM's teaching. There is a  
7 wide array of teaching roles in the DOIM including supervision and instruction on ward  
8 rounds, in the clinic, delivering didactic lectures to medical students, residents and peers  
9 and mentoring of faculty and developing scientists. Owing to the many different clinical  
10 and scholarly roles of the faculty of the DOIM, it is not possible to specify minimum  
11 expectations for teaching hours. Teaching expectations will therefore vary among faculty  
12 members. The DOIM Chair and the Division Directors are responsible for annual  
13 teaching assignments for each faculty member.  
14

### 15 **Scholarship**

16 All tenure-track faculty members are expected to engage in scholarship according to their  
17 career emphasis. The faculty of the department engage in a diverse range of scholarship.  
18 These domains and their expectations for productivity are defined in the DOIM's  
19 [Appointments, Promotion, and Tenure Document](#). Time devoted to scholarship is  
20 determined by the Division Director and DOIM Chair and is dependent on a variety of  
21 variables including salary support for scholarly activity, academic productivity, career  
22 goals and the missions of the Division and Department. Because of the diversity of  
23 faculty careers, more general guidelines for assignment of academic time are not feasible.  
24

### 25 **Service**

26 Faculty members are expected to be engaged in service and outreach to the DOIM,  
27 university, profession, and community. Alignment with career emphasis and goals is of  
28 greater importance in determining service than number of committees on which a faculty  
29 member serves. As a rule, more junior faculty have lower expectations for committee  
30 service than more senior faculty who have established their careers.  
31

32 All faculty members are expected to attend and participate in faculty meetings,  
33 recruitment activities, and other DOIM events.  
34  
35

## 36 **B. Clinical/Teaching/Practice Faculty (Clinical Faculty)**

37  
38 Non-tenure-track Clinical Faculty hold the titles of Assistant/Associate/ Professor of Clinical  
39 Internal Medicine. As described in the DOIM [Appointments, Promotion, and Tenure](#)  
40 [Document](#) these faculty may have emphasis in one of three major pathways of scholarship  
41 known as Clinical Excellence, Clinician Educator and Clinician Scholar. Expectations and  
42 the nature of scholarship in these pathways are further described in the Appointments,  
43 Promotion and Tenure guidelines.  
44

## 45 **C. Research Faculty**

46

1 Research faculty members are expected to contribute to the university's mission via research.  
2 These faculty are frequently those who will ultimately join the tenure-track faculty and use  
3 the time in this pathway to establish careers of research without expending time in the seven-  
4 year tenure probationary period. Scholarly achievements attained during appointment to the  
5 Research Faculty will be credited towards promotion and tenure when the faculty member  
6 joins the tenure-track faculty. Research Faculty may also consist of those who wish to focus  
7 their career entirely on funded research with minimal commitment to service or teaching.  
8 Research faculty expectations for research are similar to those for the tenure-track, albeit  
9 proportionally greater since 100% of effort for research faculty members is devoted to  
10 research. Specific expectations are spelled out in the letter of offer.

11  
12 In all cases, it is expected that Research Faculty will have 100% support from extramural  
13 sources and in no case may general funds dollars be used to support these members of the  
14 faculty.

15  
16 In accord with Faculty Rule [3335-7-34](#),

17  
18 *A Research Faculty member may, but is not required to, participate in limited*  
19 *educational activities in the area of his or her expertise. However, teaching*  
20 *opportunities for each research faculty member must be approved by a majority vote*  
21 *of the DOIM's tenure-track faculty. Under no circumstances may a member of the*  
22 *research faculty be continuously engaged over an extended period of time in the same*  
23 *instructional activities as tenure-track faculty.*

24  
25 Further description of the appointment, promotion and expectations for support for Research  
26 Faculty are found in the DOIM [Appointments, Promotion and Tenure Document](#).

27  
28 **i. Clinical/Teaching/Practice and Research Faculty Appointment Cap and**  
29 **Governance Rights**

30  
31 The DOIM has been granted an exception to [Faculty Rule 3335-7-03](#), and accordingly  
32 there is no limit to the number of Clinical Faculty appointed to the department. Unless  
33 otherwise authorized by a majority vote of the tenure-track faculty in the DOIM, research  
34 faculty must comprise no more than 20% of the number of tenure-track faculty in the  
35 DOIM. In all cases, however, the number of research faculty positions must constitute a  
36 minority with respect to the number of tenure-track faculty in the unit.

37  
38 Clinical and Research Faculty may vote in all matters of DOIM governance except  
39 tenure-track appointment, promotion and tenure decisions. The DOIM divisions that  
40 appoint clinical and research faculty determine the level of participation for governance  
41 and administrative structures in accordance with [Faculty Rule 3335-7-11](#). Any non-  
42 tenured clinical faculty member appointed by the DOIM may stand for election to serve  
43 as a representative in the University Senate subject to representation restrictions noted in  
44 [Faculty Rule 3335-7-11\(C\)\(2\)](#).

1 Research faculty may participate in discussions of research faculty matters including  
2 promotion reviews.

#### 3 4 **D. Associated Faculty**

5  
6 Compensated associated faculty members are expected to contribute to the University's  
7 mission via teaching or research depending on the terms of their individual appointments.  
8 Faculty members with tenure-track titles and appointments <50% FTE will have reduced  
9 expectations based on their appointment level.

10  
11 Expectations for compensated visiting faculty members will be based on the terms of their  
12 appointment and are comparable to that of tenure-track faculty members except that service  
13 is not required.

#### 14 15 **X Course Offerings and Teaching Schedule**

16  
17 As stated in Section IX, the DOIM Chair and division directors are responsible for faculty  
18 assignments, including teaching. The DOIM does not provide a curriculum of formal courses but  
19 contributes to teaching in the Medical School, which provides a course list and times at which  
20 they are offered. However, the following is a list of teaching activities in the DOIM. It is  
21 expected that faculty will participate in these or similar activities:

- 22
- 23 ▪ Review of and adherence to the curriculum of the course the faculty is assigned to teach.
  - 24 ▪ Compliance with start and stop times of classes and clinical rounds.
  - 25 ▪ Understanding and compliance with residency and student work load and work hour  
26 restrictions.
  - 27 ▪ Monitoring students and residents for fatigue, stress and impairment and notifying  
28 appropriate educational leaders with any concerns about learners.
  - 29 ▪ Using direct observations of learners with patients to assess clinical skills.
  - 30 ▪ Completing accurate and useful evaluations of learners in a timely fashion.
  - 31 ▪ Discussing learner evaluations with them in a face to face setting at least once during the  
32 duration of the teaching encounter.
  - 33 ▪ Maintaining ready availability to learners through pager or other means of urgent  
34 communication during clinical teaching assignments.
  - 35 ▪ Mentoring students and providing career enhancements.
  - 36 ▪ Counseling and providing opportunities for growth and improvement.
- 37

#### 38 **XI Allocation of DOIM Resources**

39  
40 The DOIM Chair is responsible for the fiscal and academic health of the DOIM and for assuring  
41 that all resources—fiscal, human, and physical—are allocated in a manner that will optimize  
42 achievement of unit goals.

43  
44 The DOIM Chair will discuss the DOIM's budget at least annually with the faculty and attempt  
45 to achieve consensus regarding the use of funds across general categories. However, final  
46 decisions on budgetary matters rest with the DOIM Chair.



1  
2 Research space shall be allocated on the basis of research productivity, including external  
3 funding, and will be reallocated periodically as these faculty-specific variables change. The  
4 allocation of office space will include considerations such as achieving proximity of faculty in  
5 sub disciplines and productivity and grouping staff functions to maximize efficiency.  
6

7 The allocation of salary funds is discussed in the Appointments, Promotion and Tenure  
8 Document.  
9

10 Each division may provide resources to support travel for university business according to their  
11 specific discretionary funds.  
12

## 13 **XII Leaves and Absences**

14

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

20 *Applications for any of the following leaves or absences will be initiated by contacting the*  
21 *faculty member's Division Director or the Department's Executive Vice Chair for Academic*  
22 *Affairs.*  
23

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

25

26 Faculty are expected to complete an Application for Leave form well in advance of a planned  
27 absence (e.g. as for attendance at a professional meeting or to engage in consulting) to  
28 provide time for its consideration and approval and time to assure that instructional and other  
29 commitments are covered. Discretionary absence from duty is not a right and the Chair  
30 retains the authority to disapprove a proposed absence when it will interfere with  
31 instructional or other comparable commitments. Such an occurrence is most likely when the  
32 number of absences in a particular quarter is substantial. Faculty Rules require that the Office  
33 of Academic Affairs approve any discretionary absence of ten or more days. See Faculty  
34 Rule [3335-5-08](#).  
35

### 36 **B. Absence for Medical Reasons**

37

38 When absences for medical reasons are anticipated, faculty members are expected to  
39 complete an Application for Leave form as early as possible. When such absences are  
40 unexpected, the faculty member, or someone speaking for the faculty member, should let the  
41 Chair know promptly so that instructional and other commitments can be managed. Absences  
42 for medical reasons may be designated as Family and Medical Leave (FML) and counted  
43 towards the 12 weeks of FML time limit if applicable. Faculty members are always expected  
44 to use sick leave for any absence covered by sick leave (personal illness, illness of family  
45 members, medical appointments). See OHR Policy 6.27 and 6.05 for details: [Paid Time Off](#)  
46 and [Family and Medical Leave](#).  
47

1       **C. Parental Modification of Duties**

2  
3       The DOIM strives to be a family-friendly unit in its efforts to recruit and retain high quality  
4       faculty members. To this end, the DOIM is committed to adhering to the College of  
5       Medicine’s guidelines on parental modification of duties to provide its faculty members  
6       flexibility in meeting work responsibilities within the first year of childbirth/adoption. See  
7       the [college pattern of administration](#) for details.

8  
9       The faculty member requesting the modification of duties for childbirth/adoption and the  
10      DOIM Chair should be creative and flexible in developing a solution that is fair to both the  
11      individual and the unit while addressing the needs of the university. Expectations must be  
12      spelled out in an MOU that is approved by the dean.

13  
14      **D. Unpaid Leaves of Absence**

15  
16      A faculty member may request an unpaid leave of absence for personal or professional  
17      reasons. Absences for personal reasons may be designated as FML and counted towards both  
18      the 12 weeks of FML time limit and unpaid leave if applicable.

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

28  
29      **E. Special Assignments**

30  
31      In rare instances, DOIM faculty may be provided a Special Assignment. In these cases,  
32      guidelines established by the Office of Academic Affairs Special Assignment Policy will be  
33      followed. Special Assignments (SAs) are normally one term in length and are designed to  
34      provide a faculty member time away from classroom teaching and some other responsibilities  
35      in order to concentrate effort on research. SAs are usually, but not necessarily, provided to  
36      faculty to develop a new research skill, initiate a new project, or complete an ongoing  
37      project. SAs of shorter duration may be provided for such purposes as facilitating travel  
38      related to research that is less than a quarter in duration but more than a week or two  
39      provided classroom teaching is not disrupted.

40  
41      Untenured faculty will normally be provided an SA during their probationary period.  
42      Reasonable efforts will be made to provide SA opportunities to all productive faculty on a  
43      rotating basis subject to the quality of faculty proposals, including their potential benefit to  
44      the department, and the need to assure that sufficient faculty are always present to carry out  
45      department work.

1 Faculty members who desire an SA should discuss the matter with the department Chair  
2 during their annual evaluation or as soon thereafter as possible. The department Chair will  
3 indicate whether submission of a full proposal articulating the purpose and nature of the SA  
4 is appropriate. The Chair will normally announce decisions regarding SAs for the next  
5 academic year no later than June 30 of the previous academic year, but retains the option of  
6 making decisions regarding proposals at other times when circumstances warrant such  
7 flexibility.

#### 8 9 **F. Faculty Professional Leave**

10  
11 A Faculty Professional Leave (FPL) constitutes a more formal departure from regular  
12 academic duties than a Special Assignment and may be one, two or three terms in length for  
13 faculty. FPLs more than 1 term will involve salary reductions and other considerations  
14 established by the Ohio legislature and University Board of Trustees and faculty considering  
15 an FPL should fully acquaint themselves with these policies before applying for leave.

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

25  
26 The Chair's recommendation to the dean regarding an FPL proposal will be based on the  
27 quality of the proposal and its potential benefit to the department and to the faculty member  
28 as well as the ability of the department to accommodate the leave at the time requested.

29 For details see:

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

#### 31 32 **G. Absences for University Business**

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

41  
42 University Business leave may not interfere with the day to day functioning of the  
43 department/division and will be subject to review to insure that the number of days away  
44 from the institution is not excessive. Arrangements for coverage of administrative and  
45 clinical activities must be made and communicated to relevant constituencies.

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

#### 5 6 **H. Other Categories of University Business**

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

- 1       ▪ **Maintenance of Certification:** The institution requires that all physicians maintain  
2 certification in their primary area of practice. Thus, leaves for secure examinations  
3 needed for maintenance of certification can be classified as university business.  
4
- 5       ▪ **Depositions and Expert Witness Activities:** Faculty who are required to appear in  
6 court for cases directly related to their work with the university or medical center or in  
7 support of university or medical center cases are allowed to use the university business  
8 designation for their leave.  
9

10 The following activities do not classify as university business; approved vacation leave must be  
11 used instead.

- 12
- 13       ▪ CME in excess of five days per year unless approved by the faculty member's division  
14 director/the chair of the department.
- 15       ▪ International Visiting professorships that do not receive prior authorization.
- 16       ▪ Professional Leaves or SA (see LEAVES & ABSENCES above).
- 17       ▪ Preparation for any of the activities authorized as university business.
- 18       ▪ Expert Witness work for cases not related to the OSUMC activities.
- 19       ▪ Paid consultancies for for-profit organizations.

20 All forms of leave require the approval of the DOIM Chair. The chair's/director's  
21 recommendation to the dean regarding an FPL proposal will be based on the quality of the  
22 proposal and its potential benefit to the DOIM and to the faculty member as well as the  
23 ability of the DOIM to accommodate the leave at the time requested.  
24

### 25 **XIII Supplemental Compensation and Paid External Consulting**

26

27 Information on faculty supplemental compensation is presented in the OAA [Policy on Faculty](#)  
28 [Compensation](#). Information on paid external consulting is presented in the university's [Policy on](#)  
29 [Faculty Paid External Consulting](#). The information provided below supplements these policies.  
30

31 The DOIM adheres to these policies in every respect. In particular, the DOIM expects faculty  
32 members to carry out the duties associated with their primary appointment with the university at  
33 a high level of competence before seeking other income-enhancing opportunities. All activities  
34 providing supplemental compensation must be approved by the DOIM Chair regardless of the  
35 source of compensation. External consulting must also be approved. Approval will be contingent  
36 on the extent to which a faculty member is carrying out regular duties at an acceptable level, the  
37 extent to which the extra income activity appears likely to interfere with regular duties, and the  
38 academic value of the proposed consulting activity to the DOIM. In addition, it is university  
39 policy that faculty may not spend more than one business day per week on supplementary  
40 compensated activities and external consulting combined.  
41

42 Faculty who fail to adhere to the university's policies on these matters, including seeking  
43 approval for external consulting, will be subject to disciplinary action.  
44

45 Faculty with an administrative position (for example, chair, associate/assistant dean, center  
46 director) remain subject to the Policy on Faculty Paid External Consulting and with appropriate

1 approval, are permitted to engage in paid external work activities. However, faculty members  
2 with administrative positions are not permitted to accept compensation/honoraria for services  
3 that relate to or are the result of their administrative duties and responsibilities.  
4

5 Should a faculty member of the DOIM wish to use a textbook or other material that is authored  
6 by the faculty member and the sale of which results in a royalty being paid to him or her, such  
7 textbook or material may be required for a course by the faculty member only if (1) the faculty  
8 member's DOIM Chair and dean or designee have approved the use of the textbook or material  
9 for the course taught by the faculty member, or (2) an appropriate committee of the DOIM or  
10 college reviews and approves the use of the textbook or material for use in the course taught by  
11 the faculty member.  
12

#### 13 **XIV Financial Conflicts of Interest**

14  
15 Information on faculty financial conflicts of interest is presented in the university's [Policy on](#)  
16 [Faculty Financial Conflict of Interest](#). A conflict of interest exists if financial interests or other  
17 opportunities for tangible personal benefit may exert a substantial and improper influence upon a  
18 faculty member or administrator's professional judgment in exercising any university duty or  
19 responsibility, including designing, conducting or reporting research.  
20

21 Faculty members with external funding or otherwise required by university policy are required to  
22 file conflict of interest screening forms annually and more often if prospective new activities  
23 pose the possibility of financial conflicts of interest. Faculty who fail to file such forms or to  
24 cooperate with university officials in the avoidance or management of potential conflicts will be  
25 subject to disciplinary action.  
26

27 In addition to financial conflicts of interest, faculty must disclose any conflicts of commitment  
28 that arise in relation to consulting or other work done for external entities. Further information  
29 about conflicts of commitment is included in section IX above.  
30

#### 31 **XV Grievance Procedures**

32  
33 Members of the DOIM with grievances should discuss them with the DOIM Chair who will  
34 review the matter as appropriate and either seek resolution or explain why resolution is not  
35 possible. Content below describes procedures for the review of specific types of complaints and  
36 grievances.  
37

##### 38 **A. Salary Grievances**

39 A faculty or staff member who believes that his or her salary is inappropriately low should  
40 discuss the matter with the DOIM Chair. The faculty or staff member should provide  
41 documentation to support the complaint.  
42

43 Faculty members who are not satisfied with the outcome of the discussion with the DOIM  
44 Chair and wish to pursue the matter may be eligible to file a more formal salary appeal (see  
45 the Office of Academic Affairs [Policies and Procedures Handbook](#)).  
46

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

#### 4 **B. Faculty Misconduct**

6  
7 Complaints alleging faculty misconduct or incompetence should follow the procedures set  
8 forth in Faculty Rule [3335-5-04](#).

#### 9 10 **C. Faculty Promotion and Tenure Appeals**

11  
12 Promotion and tenure appeals procedures are set forth in Faculty Rule [3335-5-05](#).

#### 13 14 **D. Harassment, Discrimination, and Sexual Misconduct**

15  
16 The [Office of Institutional Equity](#) exists to help the Ohio State community prevent and  
17 respond to all forms of harassment, discrimination, and sexual misconduct.

18  
19 Ohio State's policy and procedures related to affirmative action, equal employment  
20 opportunity, and non-discrimination/harassment are set forth in university [Policy 1.10](#).

21  
22 The university's policy and procedures related to sexual misconduct are set forth in OHR  
23 [Policy 1.15](#).

#### 24 25 **E. Violations of Laws, Rules, Regulations, or Policies**

26  
27 Concerns about violations of laws, rules, regulations, or policies affecting the university  
28 community should be referred to the [Office of University Compliance and Integrity](#).  
29 Concerns may also be registered anonymously through the [Anonymous Reporting Line](#).

#### 30 31 **F. Student Complaints**

32  
33 Normally student complaints about courses, grades, and related matters are brought to the  
34 attention of individual faculty members. In receiving such complaints, faculty should treat  
35 students with respect regardless of the apparent merit of the complaint and provide a  
36 considered response. When students bring complaints about courses and instructors to the  
37 DOIM Chair, the DOIM Chair will first ascertain whether or not the students require  
38 confidentiality. If confidentiality is not required, the DOIM Chair will investigate the matter  
39 as fully and fairly as possible and provide a response to both the students and any affected  
40 faculty. If confidentiality is required, the DOIM Chair will explain that it is not possible to  
41 fully investigate a complaint in such circumstances and will advise the student(s) on options  
42 to pursue without prejudice as to whether the complaint is valid or not. See Faculty Rule  
43 [3335-8-23](#).

44  
45 Faculty complaints regarding students must always be handled strictly in accordance with  
46 university rules and policies. Faculty should seek the advice and assistance of the DOIM

1 Chair and others with appropriate knowledge of policies and procedures when problematic  
2 situations arise. In particular, evidence of academic misconduct must be brought to the  
3 attention of the [Committee on Academic Misconduct](#) (see also Faculty Rule [3335-23-05](#)).  
4

#### 5 **G. Academic Misconduct**

6

7 In accordance with the [Code of Student Conduct](#), faculty members will report any instances  
8 of academic misconduct to the Committee on Academic Misconduct.  
9

#### 10 **H. Professional Student Honor Code**

11

12 Professionals have a moral responsibility to themselves, to their patients, to their associates,  
13 and to the institution with which they are affiliated, to provide the best service possible.  
14

15 Personal ethics require certain inherent elements of character that include honesty, loyalty,  
16 understanding, and the ability to respect the rights and dignity of others. Personal ethics  
17 require conscientious preparation during one's academic years for eventual professional  
18 duties and responsibilities. A continuation of the development of professional efficiency  
19 should be accomplished by observation, study, and investigation during one's entire  
20 professional life.  
21

22 Strength of character should enable one to rise above prejudice in regard to race, creed, or  
23 economic status in the interest of better professional service. To maintain optimum  
24 professional performance, one should be personally responsible for maintaining proper  
25 physical and moral fitness. Finally, it must be realized that no action of the individual can be  
26 entirely separated from the reputation of the individual or of his or her profession.  
27

28 Therefore, a serious and primary obligation of the individual is to uphold the dignity and  
29 honor of his or her chosen profession by thoughts, words, and actions.  
30

#### 31 **XVI Performance Improvement and Termination**

32

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