

DEPARTMENT OF PLASTIC SURGERY

PATTERN OF ADMINISTRATION

DEPARTMENT OF PLASTIC SURGERY
THE OHIO STATE UNIVERSITY
COLUMBUS, OHIO



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I. INTRODUCTION

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

This Pattern of Administration is subject to continuing revision. It must be reviewed and either revised or reaffirmed on appointment or reappointment of the Department Chair. However, revisions may be made at any time subject to approval by the College of Medicine and the Office of Academic Affairs of the University. For the most current updates, reference may be made to the website of the Office of Academic Affairs Policies and Procedures Handbook at <http://oaa.osu.edu/handbook.html>.

II. DEPARTMENT MISSION AND VISION

The mission of the Department of Plastic Surgery of The Ohio State University is improve people's lives by restoring normal function and appearance through comprehensive programs in clinical care, education, and research and international outreach in Plastic and Restorative Surgery and Medicine.

The vision of the Department of Plastic Surgery of The Ohio State University is to be an international leader in clinical care, education, and discovery in the field of Plastic and Reconstructive Surgery.

III. ACADEMIC RIGHTS AND RESPONSIBILITIES

In April 2006, the university issued a reaffirmation of academic rights, responsibilities, and processes for addressing concerns. This statement can be found on the Office of Academic Affairs website, <http://oaa.osu.edu/rightsandresponsibilities.html>

IV. FUNCTIONS OF THE DEPARTMENT

Clinical Care: Physician faculty members and other non-physician practitioners in the Department are engaged in the active practice of clinical plastic and reconstructive surgery. The faculty members are organized into divisions based principally upon grouping sub-specialty areas of clinical care, which include oncology, hand, craniofacial, pediatrics, trauma, burn, wound, and aesthetics., The divisions are responsible for providing care to patients and participating with related medical and surgical specialties in multidisciplinary programs. The Department strives to maintain a clinical staff able to address the full spectrum of subspecialty areas of interest in the discipline of plastic surgery, In particular, we provide a full range of clinical care as well as serve as a point of referral resource to provide the most advanced care in the region.

Education: The Department of Plastic Surgery faculty members participate in the education of medical students and other students at all levels of the medical curriculum and associated disciplines. They also engage in the education of medical school graduates in a plastic surgery residency program as well as in residency and fellowship programs in plastic surgical specialties and sub-specialties. Graduates of these programs become eligible for certification by specialty boards and similar agencies. The faculty members instruct graduate students in the College of Medicine masters-level program (M.M.Sc.) and in other related disciplines. The faculty members also conduct a variety of teaching programs for practicing physicians and trainees in other medical specialties. From time to time members of the Department may also participate in educational projects for the general public.

Research: The Department of Plastic Surgery faculty members, including both those with medical and non-medical graduate degrees, conduct basic, translational, and clinical research. Laboratories associated with the Department are active in the instruction of medical students, residents and graduate students in research methodology and technique. Departmental research is supported by both internal and external funding. Department members are engaged in collaborative projects with researchers in other departments of the University and outside of the University. The results of these various efforts are regularly presented at various scientific meetings and symposia, and they are published in books, journals and other media.

Administration: Department of Plastic Surgery faculty members participate in the administration and governance of the Hospitals, the College of Medicine and the University through service as Medical Directors and as members and officers of various committees. In addition, faculty members serve local, regional and national medical

organizations and boards in a variety of administrative positions. Faculty members may also serve as members and officers of other charitable and service organizations on a local, regional and national level.

Global Health: Members of the faculty of the Department of Plastic Surgery actively participate in global health initiatives, providing clinical care, education, research, and administrative support for plastic surgeons and plastic surgery programs at associated institutions worldwide.

V. FACULTY

Faculty Rule 3335-5-19 states the general criteria governing the types of faculty titles. Faculty Rules 3335-6 and 3335-7 describe in detail the three appointment types. Faculty members in the Department of Plastic Surgery include those assigned to tenure track, clinical track, research track as well as auxiliary faculty track, plus those who have been granted emeritus faculty status. Faculty members have terminal degrees of training, including M.D., D.O. Ph.D., D.D.S., D.M.D or M.S.

A. Definition of Faculty Categories

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

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

B. Guidelines for Appointment, Promotion and Tenure –

See separate document: **Department of Plastic Surgery Appointments, Promotion and Tenure**
Also refer to University guidelines: <http://oaa.osu.edu/handbook.html>

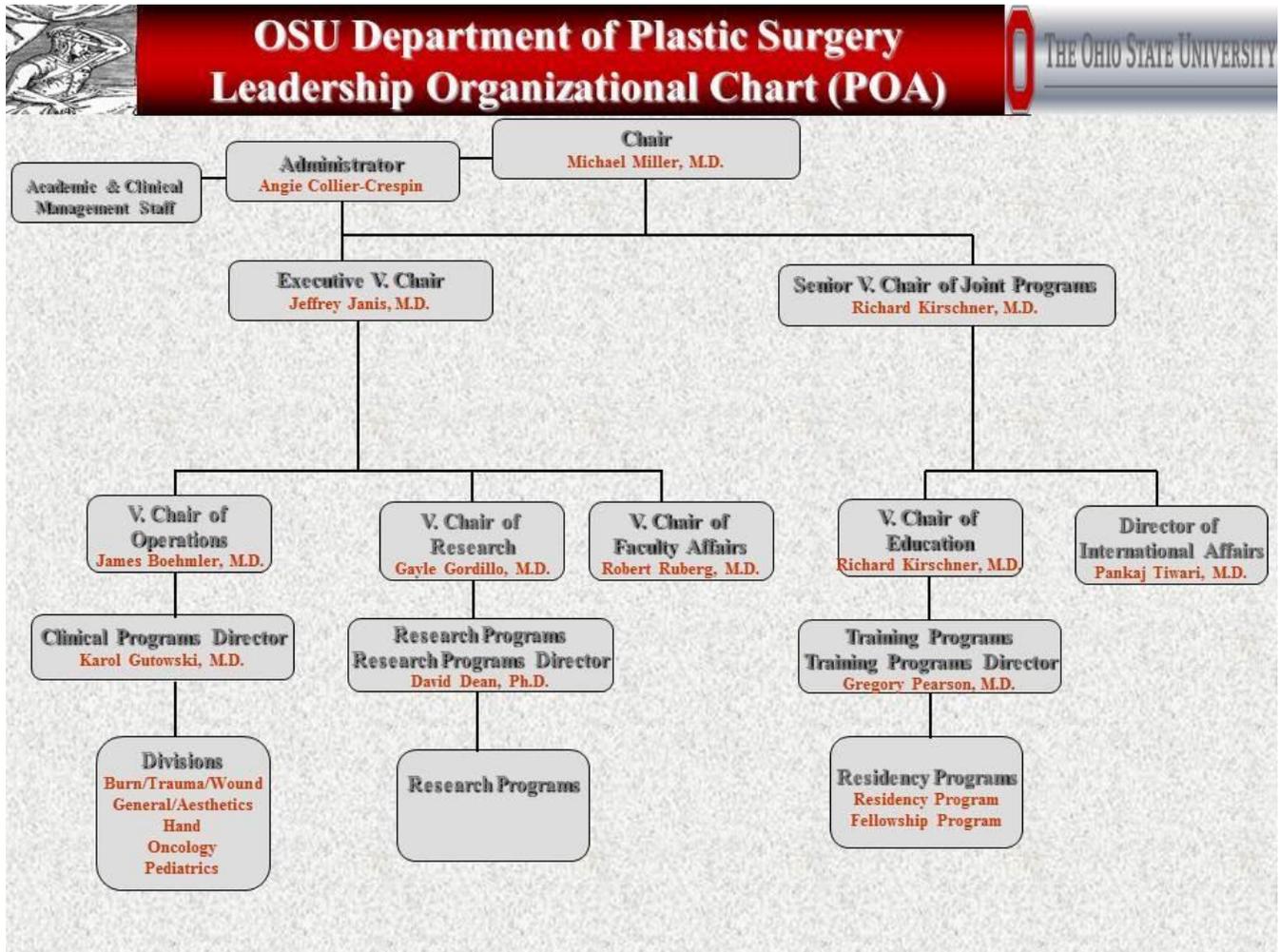
VI. ORGANIZATION OF DEPARTMENT SERVICES AND STAFF

A. Structure of the Department

The Department of Plastic Surgery is organized into Divisions, which represent the various sub-specialties within the discipline of Plastic Surgery. Each Division constitutes an academic sub-unit, responsible for clinical care, teaching, research, and financial performance related to the specific discipline. The Director and individual members of each Division are responsible for contributing to the overall mission of the Department.

The Department functions as an academic unit through the policies and procedures outlined in this document. Clinical faculty members may also be employed by the OSU Faculty Group Practice (FGP) or Nationwide Children's Hospital.

The Administrative structure of the Department is outlined in the structural diagram below:



The detailed relationships of the officers and committees of the Department are described in the sections entitled "Administrative Personnel" and "Standing Committees." In addition, the Department as a whole and each of the divisions will have additional administrative personnel as needed to conduct the activities of the department and the division. These individuals are governed by the Department and University policies and/or by OSU FGP or Nationwide Children's Hospital.

Clinical Divisions of the Department of Plastic Surgery are as follows:

- General/Aesthetic Plastic Surgery
- Reconstructive Surgical Oncology
- Pediatric Plastic Surgery
- Hand Surgery
- Trauma/Burn/Wound Surgery

Divisions may be added or rearranged from time to time in accordance with the clinical and academic priorities of the Department. The addition or deletion of a Division shall be accomplished by the Chair alone initiating an action of the Executive Committee, requiring a 2/3 vote for approval.

B. Governance of the Department

The ultimate authority and responsibility for actions in the Department of Plastic Surgery shall lie with the Department Chair. The Chair has a fiduciary responsibility to lead the department and make decisions based upon the best interest of the Department and the faculty in order to accomplish the Department's mission.

At the discretion of the Department Chair, policy and program decisions can be made either by faculty members of the Department as a whole, by members Executive Committee, by Division Directors, or by various operating committees. The nature and magnitude of each matter will guide the level at which final decisions are made. Routine administrative matters may be addressed by the Chair acting alone. Matters of greater importance may be addressed by the Chair in consultation with the Executive Committee. Matters of the greatest importance may require action by the Department as a whole. The Executive Vice Chair may act in absence of the Chair on time-sensitive matters. The Chair may delegate to the Vice Chairs decisions regarding matters pertaining to areas of designated responsibility. The Chair may delegate to Division Directors decisions regarding matters pertaining to individual Divisions. The Chair may delegate to the members and Chairs of ad hoc committees decisions regarding Department operations. In addition, standing and ad hoc committees of the Department may make recommendations regarding policies and programs; responsibility for authorizing and implementing such recommendations shall lie with the Chair in consultation with the Executive Committee, Division Directors, operating committees, or the Department using the principles outlined in this paragraph relating to the importance of the matter.

The Executive Committee shall meet as a group on a monthly basis, and in general shall deliberate and advise the Chair on all issues and policies except those for which engagement of the entire faculty of the Department is indicated. The meeting of this committee shall constitute the principal legislative body of the Department. Matters may be brought before the meeting of the Executive Committee through initiation by the Chair, a Vice-Chair, a Division Chief, or by petition from an individual faculty member. Special meetings may be called by the Chair with electronic or written notification.

Department of Plastic Surgery Faculty Meetings will be held monthly, directed by the Chair, to present and discuss pertinent issues as they relate to the Department. Each meeting shall include adequate time for discussion of matters of importance initiated not only by the officers of the Department, but also by the individual members as well. Meetings are held at a time and place to be determined. The Chair may call meetings as needed with electronic or written notification. The agenda is established by the Chair and/or Executive Committee. Any faculty member may submit items for the agenda to the Chair's office.

C. Non-Faculty Administrative Personnel

Non-faculty administrative personnel shall be appointed by the Department Chair. Such personnel may include, but not be limited to, Department Administrator(s). The Department Administrator(s) shall be responsible to the Department Chair and in his or her absence, the Executive Vice Chair. Appointment shall be on a one-year basis with annual review and regular renewal if performance is satisfactory.

Department administrative personnel shall be under the direction of the Department Administrator(s).

VII. OVERVIEW OF DEPARTMENT ADMINISTRATION AND DECISION MAKING

Policy and program decisions are made in a number of ways: by the Department faculty as a whole, by standing or special committees of the department, by Division Directors, or by the Chair. The nature and importance of any individual matter determine how it is addressed. Department governance proceeds on the general principle that the more important the matter to be decided, the more inclusive participation in decision making needs to be. Open discussions, both formal and informal, constitute the primary means of reaching decisions of central importance. Final authority for all decisions lies with the Chair.

VIII. DEPARTMENT ADMINISTRATION

A. Chair: The primary responsibilities of the chair are set forth in Faculty Rule 3335-3-35. This rule requires the chair to develop, in consultation with the faculty, a Pattern of Administration with specified minimum content. The rule, along with Faculty Rule 3335-6, also requires the chair to prepare, in consultation with the faculty, a document setting forth policies and procedures pertinent to promotion and tenure.

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

- To have general administrative responsibility for Department programs, subject to the approval of the Dean of the College, and to conduct the business of the Department efficiently. This broad responsibility includes and the hiring and supervision of faculty and staff, financial management, and development of philanthropy to accomplish the Department's mission.
- To plan with the members of the faculty and the Dean of the College of Medicine a progressive program; to encourage educational and research programs.
- To evaluate and improve educational processes on an ongoing basis; to promote improvement of instruction by providing for the evaluation of each course when offered, including written evaluation by students of the course and instructors, and periodic course review by the faculty.
- To evaluate faculty members annually in accordance with both University and Department established criteria; to inform faculty members when they receive their annual review of their right to review their primary personnel file maintained by their Department and to place in that file a response to any evaluation, comment, or other material contained in the file.
- To recruit appropriate faculty to accomplish the mission of the Department.
- To recommend appointments, promotions, dismissals, and matters affecting the tenure of members of the department faculty to the Dean of the college, in accordance with procedures set forth in Faculty Rule 3335-6 and this department's Appointments, Promotion and Tenure document.
- To make decisions regarding faculty and staff compensation and salary bonuses according to guidelines of the Department, College of Medicine, and University.
- To see that all faculty members, regardless of their assigned location, are offered the departmental privileges and responsibilities appropriate to their rank; and in general to lead in maintaining a high level of morale.
- To see that adequate supervision and training are given to those members of the faculty and staff who may profit by such assistance.
- To make decisions regarding focused professional performance evaluations for the faculty and staff according to guidelines of the College and Department.
- To be subject to evaluation by the faculty and staff in a "360" performance assessment process.

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

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

B. Vice-Chair(s): The Vice-Chair(s) shall be appointed by the Chair from among the members of the Department and shall serve a renewable term of office of two years. The Vice Chairs shall have responsibility for the major categories of activities of the Department, which include clinical operations, education, and research. The term of office of each Vice-Chair will automatically expire upon the termination of service of the Chair. There will also be an Executive Vice Chair and a Senior Vice Chair who will have specific duties as delegated by the Chair. These positions will have authority as delegated by the Chair. In the absence of the Chair, the administrative responsibilities of the Department shall be directed by first by the Executive Vice Chair and second by the Senior Vice Chair. In the absence of the Chair, Executive Vice

Chair, and Senior Vice Chair, the Chair shall designate an appropriate senior faculty member to have primary authority.

Periodic review of the Vice-Chair(s) shall be conducted in accordance with the Departmental Review Process outlined in this document. If the Chair or the Executive Committee, by majority vote, determine that there are possible grounds for termination of appointment of a Vice Chair prior to completion of term of office, a review may be conducted and appropriate action, including dismissal, may be taken in accordance with the Departmental Review Process.

C. Division Directors: Each Division of the Department shall have a Division Director, appointed by the Chair. The Division Director shall serve a four-year term of office unless specifically appointed for a shorter term. The Division Director is responsible for the clinical, academic, and financial performance of the division. The Division Chief will undergo review by the Department Chair according to the Departmental review process. A copy of the job description for Division Director is attached.

D. Committee Chairs: Each committee chair shall be appointed by the Department Chair from among the members of the Department for a term of at least two years that may be renewed by the Chair. The chair of each committee is responsible for the regular functions of the committee, including organization and conduct of meetings at intervals specified by the committee charge, and presentation of periodic reports at Department meetings. Reporting guidelines and other standards for committee activity are outlined as below, and in Section IX.

E. Committees: Much of the development and implementation of the department's policies and programs is carried out by standing and ad hoc committees. The chair is an ex officio member of all department committees and may vote as a member on all committees except the Promotion and Tenure Committee.

- Standing Committees
- 1. Executive Committee
 - a. Finance Committee
- 2. Appointment, Promotion, and Tenure Committee
- 3. Education Committee
- 4. Research Committee
- 5. Clinical Affairs Committee
 - a. International Affairs Committee

Guidelines

- 1. Appointments
 - a. Appointments of the chairs and members of these committees shall be made by the Chair of the Department, in consultation with the Department Executive Committee
 - b. It is recommended that no faculty member serve on more than 2 standing committees concurrently (with the exception of the Executive Committees).
 - c. Appointees shall be advised of committee objectives and work plan at the start of each academic year by the Department Chair and/or the Committee Chair.
 - d. The Department Chair, in consultation with the Executive Committee, shall review committee appointments at the start of each academic year, and make appropriate changes.
- 2. Term of Office
 - a. The normal term of office for each committee member shall be a minimum of two years beginning on July 1 of the academic year of appointment.
 - b. A faculty member shall be eligible for reappointment to the same committee in the interests of continuity, with no limit on the number of terms of appointment.
 - c. The normal term of office may be adjusted as necessary to enhance the effectiveness of the committee.

3. Meetings
 - a. Each standing committee shall meet upon the call of the committee chair or upon the petition of two members. The frequency of meetings shall be related to the purpose of the committee, but in general not less than biannual
 - b. The quorum will be determined by each committee.

4. Reporting Requirements
 - a. A secretary shall be appointed by the chair of each committee and shall be responsible for the preparation of a written report of each meeting (minutes).
 - b. This report, after review and approval by the committee chair, shall be forwarded to the Department Chair and the Executive Committee with any recommendations. Reports are required on at least a quarterly basis.
 - c. The Department will produce a composite of the committee reports and present this document to the full faculty on a semi-annual basis at a faculty meeting with time allotted specifically for review of committee reports.
 - d. In addition to the quarterly reports, the committee shall prepare and submit a summary of activities on an annual basis, for inclusion in the Annual Report of the Department.
 - e. The committee chair shall maintain records of meeting attendance, and submit these records along with the annual report.
 - f. The Executive Committee shall be exempt from the above reporting requirements. However, minutes of the Executive Committee shall be available to any faculty member for review upon request.

5. Departmental Committee Support
 - a. Departmental administrative and secretarial support shall be provided as the committee deems necessary with the approval of the Department Chair. Where possible, the committee chair should utilize internal support personnel.
 - b. Departmental financial support shall be provided as necessary to achieve the committee objectives, with the approval of the Department Chair.
 - c. As part of its annual report the committee should submit a budget if significant expenditures are anticipated during the next academic year.

Charges to Standing Committees

Each committee, with the concurrence of the Department Chair, shall establish operating policies and procedures in accordance with the rules of the Department of Plastic Surgery, the College of Medicine, and the University.

1. Executive Committee

The Executive Committee is comprised of the Chair, the Vice Chairs, and an at-large member elected by the faculty of the Department (with appropriate Department staff in attendance). The Committee serves as the principle advisory body to the Chair, assisting the Chair in directing the activities of the department; formulates and recommends Departmental policies; communicates important College and University actions to the faculty members; and serves as an advisory body to the Chair. The Department Chair serves as chair of the Executive Committee.

The Finance Committee is a subcommittee of the Executive Committee. The Finance Committee is responsible for oversight of all fiscal matters of the Department including budgets, contracts, leases, and other financial matters as appropriate, advising the Chair in finance decisions. The Finance Committee is also responsible for oversight of the OSU Plastic Surgery LLC fiscal activities.

2. Appointment, Promotion and Tenure Committee

The Appointment, Promotion and Tenure Committee is composed of Professors and Associate Professors representing tenure track, clinical track, and/or research faculty members, appointed by the Chair with the concurrence of the Executive Committee. The Vice Chair for Academic Affairs or another senior department member, as designated by the Chair, serves as chair of this committee. The Committee evaluates the credentials of all candidates for appointment, reappointment, promotion and tenure, and reports to the faculty and Chair in accordance with Department, College of Medicine, and University guidelines. The Committee

also advises the Chair with regard to promotion and tenure issues, and makes appropriate revisions to Departmental documents in order to maintain conformity with University policies. Clinical faculty members are not permitted to participate in reviews of tenure track faculty members. Research faculty members are not permitted to participate in reviews of tenure track or clinical faculty members.

3. Education Committee

The Education Committee is composed of faculty members representing the different educational efforts of the Department and the various institutions where students and residents rotate. Committee members are appointed by the Chair with concurrence of the Executive Committee. The Training Programs Director serves on this Committee. The Committee is chaired by the Vice Chair for Academic Affairs or the Chair's designee. The Committee reviews, formulates, and recommends the curricular policies for undergraduate medical education programs within the Department; and evaluates student performance in consideration for credit and promotion. The Committee also reviews, formulates, and recommends the curricular policies and educational programs of the core plastic surgery program and sub-specialty fellowships; develops clinical rotation schedules and departmental resident policies and benefits; evaluates resident performance in consideration for promotion; and oversees resident interviews, recruitment, and selection.

4. Research Committee

The Research Committee is composed of faculty members representing the different research efforts in the Department. Committee members are appointed by the Chair with concurrence of the Executive Committee. The Committee is responsible for oversight of all research activities of the Department and for review and approval of all grants generated or involving the Department. The Committee also reviews and awards Departmental Research Grants (if available) and allocates additional Department research funds to develop new initiatives; promotes research by new faculty in collaboration with experienced faculty members ("mentorship"); oversees the curriculum and evaluation of graduate education (e.g., Master of Medical Science Program) within the Department of Plastic Surgery; and oversees and fosters technology commercialization and intellectual property development in accordance with institutional expectations. The Research Committee works in concert with the Education Committee to oversee resident and fellow research efforts.

5. Clinical Affairs Committee

The Clinical Affairs Committee is composed of tenure track and clinical track faculty members representing the various disciplines in the Department and institutions served by full time faculty. Committee members are appointed by the Chair with the concurrence of the Executive Committee. The Clinical Programs Director serves as the chair of this committee. The Committee reviews and measures clinical practice within the Department, both in the in-patient and outpatient settings; oversees functioning of the Plastic Surgery outpatient offices; assesses outcomes as a measure of quality of care; develops and promotes practices which enhance both patient and referring physician satisfaction; develops new protocols to improve individual and system practice outcomes and reduce cost; monitors access to outpatient clinical services and adherence to standards for inpatient and outpatient consultations.

The International Affairs Committee is a subcommittee of the Clinical Affairs Committee. The committee maintains oversight of the international outreach activities of Department members, investigates new initiatives and supervises and screens appropriate venues for resident and fellow international activities. The International Affairs Director chairs this committee.

F. Departmental Review Process

Formal reviews of the principal administrative officials of the Department (Vice Chair(s) and Division Chiefs) shall be done on a yearly basis by the Chair. At the start of the fourth year of the term of office, the Chair will conduct a

comprehensive Division Chief review. The Chair may appoint an independent Division Chief review committee as outlined in the policies regarding this process. The review will examine the accomplishments of the Division with respect to the objectives set forth in the yearly reviews including clinical accomplishments, teaching activities, and research productivity. Satisfactory performance as determined by the review will qualify the Division Chief for reappointment for an additional term. There will be no limit on the number of reappointments.

If the administrative official is given an unfavorable evaluation and is not reappointed, and wishes to appeal the recommendation, a hearing before the Executive Committee shall be conducted in a timely fashion. The recommendation for non-reappointment may be overturned by a two-thirds majority vote of the Executive Committee. For such hearings, a quorum is defined as 50% of the Executive Committee.

The Chair may recommend to the Executive Committee that a Division Chief be removed. If the Chair or the Executive Committee by majority vote determines that there are possible grounds for dismissal of a Vice-Chair or a Division Chief, a review may be conducted prior to the final year of appointment and appropriate action, including dismissal, may be taken. In addition, any Chief who has three (3) consecutive unexcused absences from meetings or has five (5) unexcused absences in any calendar year shall automatically be removed from the position of Division Chief. The Chair shall determine whether an absence is excused or unexcused. The administrative official may seek appeal to the Executive Committee as outlined in the preceding paragraph.

IX. FACULTY MEETINGS

1. Department of Plastic Surgery Faculty Meetings will be held monthly, directed by the Chair, to present and discuss pertinent issues as they relate to the Department. The date, time and place of the meeting are to be determined. The Chair may call meetings as needed with electronic or written notification. The agenda is established by the Chair and/or Executive Committee. Any faculty member may submit items for the agenda to the Chair's office. A quorum is defined at 50% of the tenure track and clinical track faculty.
2. The Executive Committee will meet on a monthly basis to present and discuss issues pertinent to leadership aspects of the Department. The date, time and place of the meeting are to be determined. Special meetings may be called by the Chair with electronic or written notification.

X. DEPARTMENT FACULTY TEACHING LOAD POLICY

The University's policy with respect to faculty teaching load is set forth in the Office of Academic Affairs Policies and Procedure Handbook, Volume 1, Chapter 2, Section 1.4.1, http://oaa.osu.edu/OAAP_PHandbook.php. The information provided in Section XI supplements these policies.

XI. POLICY ON FACULTY DUTIES AND RESPONSIBILITIES

A. Faculty Workload Policy

The policy of the Department of Plastic Surgery regarding faculty workload is outlined in the following document.

A summary of the quantitative standards for workload in the Department of Plastic Surgery precedes a detailed description of required and optional activities for each faculty class.

B. Summary of Quantitative Workload Standards

1. Members of the tenure track faculty and clinical faculty with an M.D. or equivalent degree who participate in clinical patient care will give at least three lectures or small group sessions per year or will serve as a preceptor for core clerkship students or elective/selective students rotating at the University Medical Center or Nationwide Children's Hospital at least six months each year. Consideration of time spent in administration of oral exams and in student advising will be given. Members of the tenure-track faculty should have three peer-reviewed publications annually. Members of the clinical faculty should have two publications (journal article, abstract or book chapter) annually.
2. Members of the Department holding a Ph.D. degree who are actively involved in basic research will mentor at least one student each year. Students may include medical students, house officers in surgery or surgical specialties, subspecialty fellows, or students pursuing an M.S. or Ph.D. degree. Ph.D.

members of the tenure track faculty should have three peer-reviewed scholarly submissions, either journal articles or grant proposals, annually.

3. Members of the tenure track faculty and clinical faculty who hold an M.D. or equivalent degree and participate in clinical patient care will staff the outpatient clinic on a basis, and will be responsible for direct supervision of resident in-patient and out-patient activities at least 25% of the year.
4. All faculty members are expected to participate in Department, College of Medicine, University Medical Center, Nationwide Children's Hospital and/or University governance through committee membership and/or elected office.
5. Departures from the expected level of activity in any area may be balanced by increased or decreased activity in other areas. The Division Chief and/or Department Chair are responsible for monitoring and approving variations in activity level.
6. Fluctuations in instructional demands and the individual circumstances of faculty members may warrant deviation from these policies. In addition, completion of expected levels of activity does not necessarily constitute satisfactory performance.

C. Tenure Track Faculty – M.D. or equivalent

1. Scholarly Activity

a. Required:

- i. Conducts clinical and/or basic laboratory research related to the divisional or departmental specialty.
- ii. Participates in the development of grant proposals for submission to internal and/or external funding agencies.
- iii. Publishes articles (in peer reviewed journals) of sufficient quality and quantity to achieve recognition in a specific field of interest.
- iv. Presents scholarly works (abstracts, clinical reports, lectures, etc.) at local, regional and/or national forums of sufficient quality and quantity to achieve recognition in a specific field of interest.

b. Optional/Desirable

- i. Serves as an editor of journal(s).
- ii. Writes chapters for books; authors textbooks, instructional manuals, etc.
- iii. Prepares other scholarly works such as computer programs, etc.

2. Instructional Activity

a. Required:

- i. Conducts formal educational activities (lectures, small group discussions, oral examinations, etc.) for medical students during required clerkships.
- ii. Participates in formal teaching activities (lectures, small groups, conferences, journal club, etc.) for residents/fellows serving within the specific division and the department.
- iii. Participates as a student or resident advisor.

b. Optional/Desirable: (in general, based on assignment by division director or chair)

- i. Participates in formal teaching activities of medical students on elective clerkships within the division or department.
- ii. Participates in formal and informal teaching activities of medical students during the preclinical years.
- iii. Participates in curriculum development for educational programs involving medical students and residents.
- iv. Participates in continuing education activities for practicing physicians such as symposia, visiting professorships, instructional courses, etc.

3. Service

a. Required:

- i. Conducts inpatient, outpatient and operative management of patients within the division. (May be for varying periods of time during the year as assigned by the division director or chair).

- ii. Serves as a consultant for patients on other services both within the department and in other departments (May be for varying periods of time during the year as assigned by the division director or chair).
 - iii. Supervises clinical care provided by medical students, residents and fellows.
 - iv. Serves as a member of at least one hospital, College of Medicine or University Committee.
 - v. Participates in the interview process for new residents and fellows..
- b. Optional/Desirable:
Serves as a member of department or division committees

D. Tenure Track Faculty – Ph.D.

1. Scholarly Activity

a. Required:

- i. Conducts independent laboratory research related to the divisional or departmental specialties and personal expertise.
- ii. Collaborates in research with other members of the division, department and/or University, and other academic centers.
- iii. Publishes articles (in peer reviewed journals) of sufficient quality and quantity to achieve recognition in the field.
- iv. Presents scholarly works (abstracts, reports, lectures, etc.) at local, regional and/or national forums of sufficient quality and quantity to achieve recognition in the field.
- v. Submits grant proposals to internal and external funding sources. For promotion beyond the initial appointment level and for tenure, must have documented, substantial, self-supporting extramural funding.

b. Optional/Desirable:

- i. Serves as an editor of journal(s).
- ii. Writes chapters for books; authors textbooks, laboratory manuals, etc.
- iii. Prepares other scholarly works such as computer programs, course outlines, etc.

2. Instructional Activity

a. Required:

- i. Participates in the teaching of medical students in the pre-clinical curriculum, OR:
- ii. Participates in basic science teaching of residents and fellows when assigned by division director or chair.
- iii. Instructs residents and students on assignment in the specific laboratory.

b. Strongly Recommended:

Participates in the instruction of graduate students on assignment in the specific laboratory.

3. Service

a. Required:

Serves on at least one College of Medicine, department or University committee.

b. Optional/Recommended:

Serves on review sections, editorial boards, etc.

E. Clinical Faculty – M.D.

1. Scholarly Activity

a. Required:

- i. Submits articles for publications in journals.
- ii. Submits scholarly works annually for presentation at local, regional or national forums.

b. Optional/Desirable:

- i. Conducts clinical and/or basic laboratory research related to the divisional or departmental specialty.
- ii. Participates in the development of grant proposals for submission to internal and/or external funding agencies.
- iii. Serves as an editor of journal(s).
- iv. Writes chapters for books; authors textbooks, instructional manuals, etc.
- v. Prepares other scholarly works such as computer programs, etc.

2. Instructional Activity

a. Required:

- i. Conducts formal educational activities (lectures, small group discussions, oral examinations, etc.) for medical students during required and elective clerkships.
- ii. Participates in formal teaching activities (lectures, small groups, conferences, journal club, etc.) for residents/fellows serving within the specific division and the department.
- iii. Participates as a student or resident advisor.

b. Optional/Desirable: (in general, based on assignment by division director or chair).

- i. Participates in formal and informal teaching activities of medical students during the pre-clinical years.
- ii. Participates in curriculum development for educational programs involving medical students and residents.
- iii. Participates in continuing education activities for practicing physicians such as symposia, visiting professorships, instructional courses, etc.

3. Service

a. Required:

- i. Conducts inpatient, outpatient and operative management of patients within the division. (On service throughout the academic year).
- ii. Serves as a consultant for patients on other services both within the department and in other departments (May be for varying periods of time during the year as assigned by the division director or chair).
- iii. Supervises clinical care provided by medical students, residents and fellows.
- iv. Serves as a member of at least one hospital, College of Medicine or University Committee.
- v. Participates in the interview process for new residents within the specific division.

b. Optional/Desirable:

Serves as a member of department or division committees.

F. Clinical Faculty – PhD

1. Scholarly Activity

a. Required:

- i. Conducts independent research related to the divisional or departmental specialties and personal expertise.
- ii. Collaborates in research with other members of the division, department and/or University, and other academic centers.
- iii. Publishes articles (in peer reviewed journals) of sufficient quality and quantity to achieve recognition in the field.
- iv. Presents scholarly works (abstracts, reports, lectures, etc.) at local, regional and/or national forums of sufficient quality and quantity to achieve recognition in the field.
- v. Submits grant proposals to internal and external funding sources. For promotion beyond the initial appointment level, should have documented and significant extramural funding.

b. Optional/Desirable:

- i. Serves as an editor of journal(s).
- ii. Writes chapters for books; authors textbooks, instructional manuals, etc.
- iii. Prepares other scholarly works such as treatment plans, course outlines, etc.

2. Instructional Activity

a. Required:

- i. Participates in the teaching of medical students , OR:
- ii. Participates in teaching of students, residents and fellows when assigned by division director or chair.
- iii. Instructs residents and students when involved in related research activities.

b. Strongly Recommended:

Participates in the instruction of graduate students in designated discipline.

3. Service

a. Required:

- i. Serves on at least one College of Medicine, department or University committee.

- ii. Engages in clinical activities, if appropriate for the faculty member's discipline, as assigned by Department Chair or division director
- b. Optional/Recommended:
 - i. Serves on review sections, editorial boards, etc.

G. Research Faculty

1. Scholarly Activity

- a. Required:
 - i. Conducts independent laboratory research related to the divisional or departmental specialties and personal expertise.
 - ii. Collaborates in research with other members of the division, department and/or University, and other academic centers.
 - iii. Publishes articles (in peer reviewed journals) of sufficient quality and quantity to achieve recognition in the field.
 - iv. Presents scholarly works (abstracts, reports, lectures, etc.) at local, regional and/or national forums of sufficient quality and quantity to achieve recognition in the field.
 - v. Submits grant proposals to internal and external funding sources. For promotion beyond the initial appointment level and for tenure, must have documented, substantial, self-supporting extramural funding.
- b. Optional/Desirable:
 - i. Serves as an editor of journal(s).
 - ii. Writes chapters for books; authors textbooks, laboratory manuals, etc.
 - iii. Prepares other scholarly works such as computer programs, course outlines, etc.

2. Instructional Activity

- a. None Required

3. Service

- a. Required:
 - Serves on at least one College of Medicine, department or University committee.
- b. Optional/Recommended:
 - Serves on review sections, editorial boards, etc.

H. Associated Faculty – M.D.

1. Scholarly Activity

- a. Required:
 - No required activity; however, for promotion beyond entry level, the standards used for clinical faculty are applied.
- b. Optional:
 - Publication; presentation; clinical and laboratory research; other scholarly activities.

2. Instructional Activities

- a. Required:
 - i. Conducts formal teaching activities (lectures, small groups, etc.) for medical students when assigned as part of basic clerkship or elective.
 - ii. Participates in formal and informal teaching activities for OSU residents and/or fellows within the division or the department.
- b. Optional:
 - Participates in formal and informal teaching activities (preceptorships, etc.) for medical students during the preclinical years.

3. Service

- a. Required:
 - i. Supervises clinical care done by medical students, residents and/or fellows when assigned by division director or chair.
 - ii. Serves on division, department and/or College of Medicine committees when assigned by division director or chair.

XII. COURSE OFFERINGS AND TEACHING SCHEDULES

The Department of Plastic Surgery offers courses each year which are directed at medical students and plastic surgical residents. The scheduling of courses is done in accordance with the College of Medicine calendar, rather than the University academic calendar. A detailed list of currently-offered courses will be made available on request.

The following constitutes a summary of the various types of offerings.

1. **Basic Surgery Clerkship:** Although not offered through the Department of Plastic Surgery, faculty members from the department regularly participate in this course through the Department of Surgery.
2. **Electives and Selectives:** These one month courses for medical students include clinical rotations in Plastic Surgery and Plastic Surgical Specialties, research electives in Plastic Surgery and Plastic Surgical Specialties, and authorized clinical rotations at other academic medical centers (e.g., International Elective in Plastic Surgery).
3. **Courses for Plastic Surgical Residents pursuing the Master of Medical Science degree:** These offerings include various research electives in Plastic Surgery and Plastic Surgical Specialties, training in research methods and instruction in ethical principles.
4. **Courses for Plastic Surgical Residents conducting required research as part of their surgical training:** These courses permit research in a variety of different Plastic Surgical and Plastic Surgical Specialty areas

XIII ALLOCATION OF DEPARTMENT RESOURCES

The Chair is responsible for the fiscal and academic health of the department and for assuring that all resources—fiscal, human, and physical—are allocated in a manner that will optimize achievement of Department goals.

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

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

The allocation of office space will include considerations such as achieving proximity of faculty in subdisciplines and productivity and grouping staff functions to maximize efficiency.

The Executive Committee of the Department of Plastic Surgery will oversee the fiscal policies and financial activities of the Department under the direction of the Chair.

A. Budgets

Budgets for the Department as a whole and for each individual Division, excepting the Division of Pediatric Plastic Surgery, will be submitted in advance of July 1 of the next academic/fiscal year for approval. Budgets for the Division of Pediatric Plastic Surgery will be submitted and approved through Nationwide Children's Hospital Administration. The Departmental budget will consist of expenditures for support for appropriate Departmental activities. Additional areas for expenditure by the Department may be considered by the Executive Committee as submitted by the Chair of the Department. Each individual Division will have a budget. It is expected that each Division will have an ongoing accounting mechanism (within the Division) for their expenditures. Each Divisional budget will require review by the Executive Committee and Chair during Executive Committee meetings. The total budget for the Divisions and the Department will be approved at the June meeting and will require a 2/3 vote of the Executive Committee.

B. Salaries

Faculty salaries within the Department of Plastic Surgery are determined by the Department Chair in cooperation and discussion with each Division Chief. Compensation for faculty in the Division of Pediatric Plastic Surgery will be determined according to the policies and procedures of Nationwide Children's Hospital, with the university salary component determined by the Department Chair in cooperation and discussion with the Division Chief. For purposes of University salary, action taken within the Promotion and Tenure Committee will govern individuals' ranks and therefore, to some extent, any salaries paid through the University system. The principles for grievances outlined through OSU FGP or the University rules and regulations that are in force at the time, will govern methods for grievance resolution regarding salaries for faculty.

The Department, from time to time, will have salaried positions in the administrative support area. These salaries will be determined by the Chair along with the Executive Committee and other administrative personnel within the Department. Grievances regarding any of these salaries will follow University rules and regulations.

It is the responsibility of the Finance Committee to periodically evaluate support for the various Divisions and Department from the College of Medicine to assure that this is fair and equitable. Any grievances regarding the distribution of College of Medicine support to the various Divisions within the Department may be raised with the Chair or at a meeting of the Executive Committee.

C. Accounting/Audits

Upon request of the Division Director, a reconciliation of expenditures will be provided by the Department to each Division. It is anticipated that there will be no significant deficits due to ongoing adjustments on a quarterly basis. A full outside audit of the Department and Divisional budgets may be requested by 2/3 vote of the Finance Committee; otherwise an in-house audit of the accounts will be provided at the May or June Executive Committee meeting.

XIV. LEAVES AND ABSENCES

The University's policies and procedures with respect to leaves and absences are set forth in the Office of Academic Affairs Policies and Procedures Handbook <http://oaa.osu.edu/handbook.html> and Office of Human Resources Policies and Procedures website.

A. Discretionary Absence

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

B. Absence for Medical Reasons

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

C. Unpaid Leaves of Absence

The University's policies with respect to unpaid leaves of absences and entrepreneurial leaves of absence are set forth in the Office of Academic Affairs Policies and Procedures Handbook, <http://oaa.osu.edu/handbook.html>.

D. Special Research Assignments

Information on special research assignments is presented in Volume 2 of the Office of Academic Affairs Policies and Procedures Handbook, <http://oaa.osu.edu/handbook.html>. The information provided below supplements these policies.

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

E. Faculty Professional Leave

Information on faculty professional leaves is presented in Volume 2 of the Office of Academic Affairs Policies and Procedures Handbook, <http://oaa.osu.edu/handbook.html>. The information provided below supplements these policies.

The Department's Executive Committee will review all requests for faculty professional leave and make a recommendation to the Department Chair based on the following criteria:

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

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

XV. SUPPLEMENTAL COMPENSATION AND PAID EXTERNAL CONSULTING POLICY

The University's policies with respect to supplemental compensation and paid external consulting are set forth in the Office of Academic Affairs Policies and Procedures Handbook, <http://oaa.osu.edu/handbook.html>. The information provided below supplements these policies.

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

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

XVI. FINANCIAL CONFLICTS OF INTEREST

The University's policy with respect to financial conflicts of interest is set forth in the Office of Academic Affairs Policies and Procedures Handbook, <http://oaa.osu.edu/handbook.html>. A conflict of interest exists if financial interests or other opportunities for tangible personal benefit may exert a substantial and improper influence upon a faculty member or administrator's professional judgment in exercising any University duty or responsibility, including designing, conducting or reporting research.

Faculty members are required to file conflict of interest screening forms annually and more often if prospective new activities post the possibility of financial conflicts of interest. Faculty who fail to file such forms or to

cooperate with university officials in the avoidance or management of potential conflicts will be subject to disciplinary action.

XVII. GRIEVANCE PROCEDURES

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

A. Salary Grievances

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

Faculty members who are not satisfied with the outcome of the discussion with the Chair and wish to pursue the matter may be eligible to file a more formal salary appeal (the Office of Academic Affairs [Policies and Procedures Handbook](http://oaa.osu.edu/OAAP_PHandbook.php), http://oaa.osu.edu/OAAP_PHandbook.php).

Staff members who are not satisfied with the outcome of the discussion with the Chair and wish to pursue the matter should contact Consulting Services in the Office of Human Resources (www.hr.osu.edu/).

B. Faculty Misconduct

Complaints alleging faculty misconduct or incompetence should follow the procedures set forth in Faculty Rule 3335-5-04, www.trustees.osu.edu/ChapIndex/index.php.

C. Faculty Promotion and Tenure Appeals

Promotion and tenure appeals procedures are set forth in Faculty Rule 3335-5-05, www.trustees.osu.edu/ChapIndex/index.php.

Sexual misconduct, sexual harassment relationship violence

The University's policy and procedures related to sexual harassment are set forth in OHR Policy 1.15, www.hr.osu.edu/policy/index.aspx.

APPENDIX A

DIVISION CHIEF APPOINTMENT YEAR

<i>DIVISION</i>	<i>NAME</i>	<i>APPOINTMENT YEAR</i>	<i>REVIEW YEAR</i>

APPENDIX B

DIVISION CHIEF REVIEW

DEPARTMENT OF PLASTIC SURGERY

Minimum Acceptable Levels of Performance

A. Administrative

1. The Division must be financially sound.

This includes both patient and nonpatient generated funds. The Division should not be involved in deficit spending. The Division faculty members should be at total income levels that minimally approximate 50th percentile. AAMC incomes for comparable institutions with faculty compensated in a similar way (e.g. geographic full time etc.)

2. New faculty must be recruited in keeping with College of Departmental guidelines.
3. The Division Chief directs all activities in the division with fairness and an even-handed approach that gives the faculty the greatest amount of support in the pursuit of their academic responsibilities of teaching, research and patient care. The Division Chief must develop a Division with balance that provides educational, research and patient care activities commensurate with the overall goals of the Department and College. Based on fellows, faculty, and peer interviews there will be reasonable assurance that the Division Chief is fair and supportive to the faculty and provides an environment nurturing academic careers.
4. There must be evidence of concern on the Chief's part for faculty development. This may take the form, among other factors of the following:
 - a. Regular counseling of tenure-track junior faculty concerning goals and expectation (i.e., acquisition of grant support, NIH funding, publication in peer-reviewed journals and participation in national research meetings).
 - b. Protecting tenure-track assistant professors from excessive administrative or clinical responsibilities.
 - c. The assurance that there are no tenure track faculty in the division who are unsuccessful in obtaining tenure.
 - d. The Chief's nominating his faculty for state-of-the-art symposia at national meetings, as well as encouragement of junior faculty toward eligibility for membership in respected national professional societies.
5. Should conduct divisional meetings at least monthly, at which Hospital, Departmental, College and University issues affecting the division are discussed.
6. Must provide effective and financially sound administrative direction to appropriate divisional hospital cost centers. Based on financial summaries of hospital cost centers revenues, and interviews with hospital administration, there will be reasonable assurance that the Division Chief is providing leadership in this area.

B. Clinical

1. The Division must be developed, under the guidance of the chief to provide the-art clinical medicine. While we realize that to some extent this is subjective, the Chief is responsible for initiating effective and appropriate administrative steps to correct perceived deficiencies in this area. Based on interviews with peers, both locally and nationally, there will be reasonable assurance that the above is true.

2. Patients should have easy and reasonably prompt access to the division's in-patient and ambulatory care services. Based on review of records, both those provided by the Division and those from other services (department, physician liaison services, etc.), reasonable assurance will be given that the above is true.
3. There will be evidence in written evaluations of faculty outside the Division, as well as from the house staff and clinical fellows, that the division faculty are providing state-of-the-art patient care.
4. The following criteria should be met when determining the quality of the Division's consultative services:
 - a. response time
 - b. accuracy of diagnostic impressions
 - c. willingness to provide off hours consultations
 - d. thoroughness of the consultative follow-up and therapeutic recommendations

Items a-d above shall be accomplished by written documentation of services provided and by interview with those who frequently consult the Division services.

C. Research

1. The Division Chief should provide leadership and an environment conducive for faculty research. The division, as a whole, should have an active research program and will, each year, submit a reasonable number of grants to local, state and national agencies.
2. The Division Chief should seek funding for research fellows in the division each year.
3. Based on interviews with peers, both locally and nationally, there will be reasonable assurance that the Division is engaged in meritorious research.
4. There should be evidence that the chief emphasized the importance of NIH and other external award grant funding and that the division, as a whole, is progressing toward a greater percentage of NIH support in its total research program. In this vein, faculty who are not active in grant application or other appropriate academic activities should be encouraged by the chief to convert to the clinical track.

D. Academic activities

1. The Division, as a whole, should document receipt of adequate teaching evaluations from students, residents and fellows including both divisional and individual rating.
2. Evidence must be given of the quality of educational programs such as the medical student service or curriculum, attending physician rounds, clinical conferences and subspecialty training. This will take the form of written evaluations from students, former and current fellows, as well as topics at clinical and research conferences.
3. Training for both clinical and research fellows should meet the standards established by the appropriate board and RRC. Progress review documents will be evaluated.
4. Division Chiefs will show active participation in national organizations related to their subspecialty.
5. The Division, as a whole, should have an acceptable number of publications in national journals, books, etc. There should be an average of at least two publications or four abstracts per person yearly in each division as a goal.

6. There should be evidence of a significant number of high quality peer-reviewed articles published by the chief, as well as evidence that the chief encourages submission of original research manuscripts to the upper echelon journals.

The Division Chief should play an active and leadership role in departmental activities, including support and attendance at major departmental activities such as division chief meetings and departmental committees and educational or research retreats. Division Chiefs and members of the Division should attend half or more of the morbidity and mortality conferences.

7. Evidence should be given to show that the Division Chief has a national reputation regarding his or her research, educational or service activities. This will be gathered from interviews with peers around the country and world.
8. There should be demonstrated effort to recruit and train academic subspecialists. This may be obtained from the present positions of former fellows, as well as from the training program curriculum itself.

E. Service

1. The Division Chiefs should serve on at least one major college and one major departmental committee.
2. Division Chiefs should support local and regional professional organizations related to their subspecialty.

F. Other

The Division Chief must have a supportive attitude regarding the Department of Plastic Surgery and the activities of the Department, recognizing that the division is a functional component of the Department and not an administrative and academic autonomous entity. Under the guidance of the director, the division must participate vigorously and ly in all departmental and patient care program.

- G. External reviews of the Division Chief's performance may be requested by the chair and at a minimum include written evaluation of three national respected academic persons within the Division Chief's specialty. In addition, the chair may request an external site visit from one or more individuals within the Division Chief's specialty to more intensively evaluate the Division Chief's performance.

The Review Process:

The Department Chairperson will perform an annual review of each division chief in writing. This will follow the process outlined in the Personalized Performance Plan (P3). The process will consist of three parts as outlined below:

- I. Planning - at the beginning of the annual review period the Chair will have a performance planning meeting with the Division Chief to discuss their Personalized Performance Plan (P3).
 1. Together with the Division Chief, three key result areas will be selected and performance objectives for each will be established.
 2. In consultation with the Division Chief, four professional development goals will be set regarding leadership competencies. Two of these goals will leverage the Division Chief's strengths and two will address areas for improvement. An action plan for each professional development goal is to be developed.
- II. A second meeting will take place six months into the review period
 1. The Chair will meet with the Division Chief and review the progress on each performance objective.
 2. Based on changing priorities or resources, the performance objective may be modified.
 3. Review of the progress on the professional development goals and adjust if necessary.
- III. At the end of the annual review period, a review is conducted.
 1. Document actual results for each performance objective.
 2. Assess the Division Chief's progress on professional development goals and document status.

3. Discuss and agree on the performance rating for each leadership competency.
4. Provide examples in the rating validation sections in support of the ratings that were agreed to.
5. Provide a summary and allow for comments by the Division Chief.
6. The original document will be forwarded to the Human Resources Business Unit Director and a copy retained in the cost center department file.
7. Start the performance management cycle again with a new Personalized Performance Plan (P3)

Every four years a review of the Division Chief will include assessment of the Division Chief's performance by the faculty. This will include assessment of the individual's ability to mentor and guide the faculty, fairness, transparency, and other leadership qualities that are important for the organization as outlined in the P3 document.

JOB DESCRIPTION

Roles and Responsibilities

Title: Division Chief
OSU Department of Plastic Surgery

GENERAL SUMMARY:

The Division Chief has primary responsibility for the clinical and academic activities of the division. Clinical activities include: inpatient and outpatient service oversight; access to care; quality of care; and patient safety. Academic activities include: medical student, resident and fellow teaching programs; basic and clinical research; outreach and CME; and faculty oversight and development. The Division Chief provides this leadership through effective communication, interdisciplinary team building, strategy development, goal setting, and mentoring. The Division Chief will assist the Department Chair with other administrative duties as assigned, including (but not limited to) developing hospital-related budgets (capital, revenue, expense and staffing), monitoring quality metrics and reporting progress to appropriate Medical Center administrative officials. The Division Chief is expected to work closely and collaboratively with clinical unit (inpatient and outpatient) nursing leaders (where applicable) to ensure seamless multidisciplinary leadership as it pertains to staffing, flow, and clinical operations.

REPORTING RELATIONSHIPS:

The Division Chief is appointed by the Department Chair, with the concurrence of the Executive Committee and the Governance Committee. Appointment as Division Chief is for a four year term, with renewal contingent upon satisfactory performance as determined by a formal review. There shall be no limit on the number of reappointments. The Division Chief has dual reporting responsibilities: 1) to the Medical Director primarily for the quality and safety of clinical care delivered to patients within the specialty and 2) to the Department Chair for the clinical work, medical teaching, academic undertakings and financial activities performed within the specialty.

DUTIES AND RESPONSIBILITIES: ACADEMIC

1. Recruit and retain outstanding physician specialists and researchers to support the academic missions of the division and Department. Perform comprehensive annual reviews of faculty as required by the Department and the University
2. Establish and oversee high quality educational programs directed at medical and graduate students in the College of Medicine at all levels of the curriculum
3. Establish and maintain appropriate residency and fellowship programs in the area of specific discipline. ly assess the effectiveness of these programs, and strive for continuous improvement and national recognition.
4. Promote and support high quality research in areas related to the specific division discipline.
5. Actively assist all division faculty members in the development of their professional (clinical and academic) careers
6. Conduct meetings of the division and document activities in minutes submitted on a basis to the Department chair.
7. Attend Department of Surgery Faculty and Division Chief meetings on a routine basis
8. Participate in Department, Medical Center and/or University committees, assuming a leadership role whenever possible
9. Conduct Continuing Medical Education and outreach activities for local and regional (and, if possible, national) audiences.

DUTIES AND RESPONSIBILITIES: CLINICAL

1. Oversee the delivery of patient care (inpatient and outpatient) by faculty members and non-physician practitioners of the division. Oversee (in conjunction with nursing and administrative leadership) the delivery of patient care (inpatient and outpatient) by hospital ancillary personnel within their scope of practice.

2. For inpatient services, collaborate closely with nursing leadership, ancillary personnel and physician specialists who admit patients to the service, to improve process outcomes, clinical outcomes, flow, access, and efficiency of delivered care.
3. Establish divisional clinical service quality and safety goals in alignment with Hospital, Division, and Department strategic goals.
4. Assist administrative staff and unit managers (inpatient and/or outpatient) in setting and communicating annual clinical goals and targets and in routinely presenting status reports on these goals to the division and Department
5. Monitor patient, staff, and faculty satisfaction and take initiative to improve satisfaction.
6. Communicate with all constituents (physicians, nursing, other health care professionals and administration) as necessary to provide patient centered, comprehensive care.
7. Assist administrative staff in recruiting, training, evaluating and as necessary, disciplining and/or terminating subordinate staff.
8. Aid administrative staff in developing unit (inpatient and/or outpatient) specific operational and capital budgets. Work collaboratively and assist unit management, administration, and division or department chairs to develop budgets for the entire service line.
9. Assist Departmental Chair and unit leadership to enforce professional conduct of physicians and staff engaged in unit and/or division services.
10. Provide oversight of hospital credentialing for physicians within the division and work with the Hospital Credentials Committee to ensure that their requests for data and monitoring are met.
11. Monitor ongoing performance evaluations of the physician faculty.
12. Perform initial performance evaluations for new physician faculty and evaluations for faculty requesting new privileges.

DUTIES AND RESPONSIBILITIES: FINANCIAL

1. Oversee all financial activities of the division in concert with the Departmental billing and fiscal personnel. Maintain the fiscal integrity of the division.
2. Determine appropriate levels of compensation for faculty members (physicians and non-physician practitioners) employed through the division; monitor faculty and non-physician staff productivity.

The above list of duties is intended to describe the general nature and level of work performed by people assigned to this classification. It is not intended to be an exhaustive list of duties, nor is it intended to limit or modify the right of any supervisor to assign, direct and control the work of employees under his/her supervision.