

**Appointments, Promotion, and
Tenure
Criteria and Procedures
Department of Radiology**

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**DEPARTMENT OF RADIOLOGY
APPOINTMENT, PROMOTION & TENURE DOCUMENT**

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I. PREAMBLE

This document is a supplement to Chapters 6 and 7 of the *Rules of the University Faculty* located at <https://trustees.osu.edu/bylaws-and-rules/faculty-rules> the Office of Academic Affairs procedural guidelines for promotion and tenure reviews located at <https://oaa.osu.edu/policies-and-procedures-handbook>, and any additional policies established by The Ohio State University (OSU).

Should the University's rules and policies change, the Department of Radiology will follow the new rules and policies until its document is appropriately updated. In addition, this document must be reviewed, and either reaffirmed or revised, at least every five years on the appointment or reappointment of the department chair.

This document must be approved by the Dean of the College of Medicine and the Office of Academic Affairs before it can be implemented. It sets forth the department's mission and, in the context of that mission and the missions of the college and university, its criteria and procedures for faculty appointments, and its criteria and procedures for faculty promotion, tenure, and rewards including salary increases. In approving this document, the dean and the Office of Academic Affairs accept the mission and criteria of the department and delegate to it the responsibility to apply high standards as it relates to this mission and criteria in evaluating current faculty and faculty candidates in relation to departmental mission and criteria.

The faculty and the administration are bound by the principles articulated in Faculty Rule [3335-6-01](#), of the Administrative Code. In particular, all faculty members accept the responsibility to participate fully and knowledgeably in review processes; to exercise the standards established in Faculty Rule [3335-6-02](#), and other standards specific to this department and college; and to make negative recommendations when these are warranted in order to maintain and improve the quality of the faculty.

All individuals considered for appointment, reappointment, promotion and/or tenure within the Department of Radiology must have a record of excellence in teaching, research and scholarship, and service in accordance with the guidelines described in this document, and must also demonstrate conduct consistent with the [Statement on Professional Ethics of the American Association of University Professors](#) (1987) (see Appendix D).

The Department of Radiology endorses the University's recognition of the value of diverse contributions by individual faculty members toward the realization of the overall mission of the institution. For example, within the Tenure Track there may be many different patterns of scholarly activity that reflect a range of faculty interests, skills, and accomplishments. These different patterns of performance may result in variation in emphasis between teaching, scholarship and service. Although faculty members may choose to place greater emphasis on certain aspects of scholarly activity, and less emphasis on others, the Department requires that the faculty member demonstrate excellence in all areas.

In addition, faculty members' activities may change over time, and thus may be consistent with different patterns of performance throughout the course of their careers. All of these different patterns of faculty activity will still lead to consideration for, and granting of, promotion and/or tenure, provided that the Department's standard of excellence in all areas (including demonstration of national or international impact and recognition) as appropriate to the faculty level, is met.

It follows that the purpose of promotion to a senior faculty position and/or achievement of tenure is to recognize individual contributions and to build and maintain a strong and diverse university and departmental faculty that will enrich the academic fabric. This document outlines the individual

milestones required for a faculty member to attain senior rank and/or tenure. It should be appreciated that these guidelines are not absolutely rigid, and there will arise the need for flexibility in the application of the standards to allow non-traditional faculty members who have made unique and substantial contributions in innovation, leadership, team science, education and clinical care to be considered for promotion and tenure.

Decisions considering appointment, reappointment, and promotion and tenure will be free of discrimination in accordance with the university's policy on equal opportunity (<http://hr.osu.edu/policy/policy110.pdf>).

II. MISSIONS/GOALS

The Department of Radiology is the component of OSUCOM providing sub-specialized professional support to the Imaging Program of OSU Wexner Medical Center. The clinical care-focused and research-focused faculty members of the Department provide multiple services including, but not limited to, the following:

- Oversight of clinical activities related to image-based diagnosis and therapy, from the standpoints of delivery, quality, safety, and utilization.
- Instruction, supervision, and/or evaluation of performances of both professional and technical personnel (certified and in-training) involved in providing imaging services.
- Applied-clinical, translational, and basic imaging research, as well as research in medical imaging physics, to improve: 1. Knowledge about a variety of acquired or congenital disease processes; 2. Current understanding of the clinical value of imaging-guided diagnosis and treatments; and 3. Future value of imaging towards improving lives.
- Advancement of Radiology and the imaging sciences through innovation leading to the clinical practices, lines of investigation, and instructional directions of the field in the future.
- Administrative involvement in the imaging-related operations of both OSUCOM and OSUWMC facilities.

Patient health maintenance, detection of pathology, and/or disease management through the application and advancement of medical diagnostic imaging and/or image-directed therapy are major concerns of the Department. Accordingly, its faculty members are committed to providing patient-focused medical care and pledge to: 1. Help guide optimal decision-making by both patient and referring provider with utilization of available general evidence-based recommendations, advanced informatics capabilities, and safety metrics on imaging-guided diagnosis and treatments, as well as promoting patient-specific considerations; 2. Use effective communication methods and tools to benefit patients and help them participate in informed decision-making; 3. Deliver timely and accessible imaging-guided diagnosis and treatments, as needed, to support high-quality clinical care; and 4. Provide prompt, accurate, and commonly understood reporting on imaging-related findings and processes.

To achieve this mission, all faculty members are expected to participate in and contribute to the teaching, service, and research goals of the department in a manner that is consistent with the nature of their faculty appointment. Faculty members on the tenure-track are expected to have responsibilities in all aspects of the academic mission, and are expected to have a relative emphasis of their efforts on research or other scholarly accomplishments. Clinical faculty members are also expected to have responsibilities in all aspects of the academic mission, and are expected to have a relative emphasis on teaching and service. Research faculty members are expected to have an emphasis on scholarly accomplishments with a service component, but with no teaching requirement. Associated faculty's primary function is education and patient care, though scholarly activity is

encouraged. The department strives to enhance the quality of its endeavors by fostering the professional development and improvement of all faculty members.

Although citizenship or collegiality cannot be used as criteria for promotion or tenure independent of teaching and scholarship, these attributes permeate the ability of a faculty member to contribute with effectiveness to teaching, scholarship and service. Therefore, it is expected that each candidate for promotion and/or tenure should demonstrate a commitment to the principles entailed in these concepts, and as reflected in the Statement of Professional Ethics of the American Association of University Professors (see Appendix D). These include the manner in which the faculty member responds to his/her duties, responsibilities, and authority as a faculty member, and the manner in which the faculty member shares duties, responsibilities and authority among his/her colleagues.

III. DEFINITIONS

A. COMMITTEE OF THE ELIGIBLE FACULTY

The eligible faculty for all appointment (hiring), reappointment, contract renewal, promotion, or promotion and tenure reviews must have their tenure home or primary appointment in the department.

The department chair, the dean and assistant and associate deans of the college, the executive vice president and provost, and the president may not participate as eligible faculty members in reviews for appointment, reappointment, promotion, promotion and tenure, or contract renewal.

In this department, initial decisions about the appointment (hiring or appointment change from another faculty type) of tenure-track assistant professors, clinical assistant professors, and research assistant professors are based on search committee recommendations to the department chair. Initial appointment offers for associated faculty appointments are typically the purview of the division chief (if applicable) in consultation with the Chair.

1. TENURE-TRACK FACULTY

Initial Appointment Reviews

- For appointment (hiring or appointment change from another faculty type) at senior rank (associate professor or professor), a review is performed and a vote cast by all tenured faculty of equal or higher rank than the position requested.

Reappointment, Promotion, or Promotion and Tenure Reviews

- For the reappointment and promotion and tenure reviews of assistant professors, the eligible faculty consists of all tenured associate professors and professors.
- For the promotion reviews of associate professors and the tenure reviews of probationary professors, the eligible faculty consists of all tenured professors.

2. CLINICAL FACULTY

Initial Appointment Reviews

- For appointment (hiring) at senior rank (clinical associate professor or professor), a review is performed and a vote cast by all tenured faculty of equal or higher rank than the position requested, and all non-probationary clinical/teaching/practice faculty of equal or higher rank than the position requested.

Reappointment, Contract Renewal, and Promotion Reviews

- For the reappointment, contract renewal, and promotion reviews of clinical assistant professors, the eligible faculty consists of all tenured associate professors and professors, and all non-probationary clinical/teaching/practice associate professors and professors.
- For the reappointment, contract renewal, and promotion reviews of clinical associate professors, and the reappointment and contract renewal reviews of clinical professors, the eligible faculty consists of all tenured professors, and all non-probationary clinical professors.

3. RESEARCH FACULTY

Initial Appointment Reviews

- For appointment (hiring or appointment change from another faculty type) at senior rank (research associate professor or research professor), a review is performed and a vote cast by all tenured faculty of equal or higher rank than the position requested and all non-probationary clinical and research faculty of equal or higher rank than the position requested.

Reappointment, Contract Renewal, and Promotion Reviews

- For the reappointment, contract renewal, and promotion reviews of research assistant professors, the eligible faculty consists of all tenured associate professors and professors and all non-probationary clinical and research associate professors and professors.
- For the reappointment, contract renewal, and promotion reviews of research associate professors and the reappointment and contract renewal reviews of research professors, the eligible faculty consists of all tenured professors and all non-probationary clinical and research professors.

4. ASSOCIATED FACULTY

The eligible faculty for promotion reviews of associated faculty consists of all tenured faculty of equal rank to or higher rank than the candidate whose tenure resides in the department, all non-probationary clinical faculty of equal rank to or higher rank than the candidate whose primary appointment is in the department, and all non-probationary research faculty of equal rank to or higher than the candidate whose primary appointment is in the department excluding the department chair, the dean and assistant and associate deans of the college, the executive vice president and provost, and the president.

5. CONFLICT OF INTEREST

A conflict of interest exists when an eligible faculty member is related to a candidate or has a comparable close interpersonal relationship, has substantive financial ties with the candidate, is dependent in some way on the candidate's services, has a close professional relationship with the candidate (i.e. dissertation advisor), or has collaborated so extensively with the candidate that an objective review of the candidate's work is not possible. Generally, faculty members who have collaborated with a candidate on at least 50% of the candidate's published work since the last promotion will be expected to withdraw from a promotion review of that candidate.

6. MINIMUM COMPOSITION

In the event that the department does not have at least three eligible faculty members who can undertake a review, the department chair, after consulting with the dean, will appoint a faculty member from another department within the college.

B. APPOINTMENTS, PROMOTION AND TENURE COMMITTEE

The department has an Appointments, Promotion and Tenure Committee that assists the Committee of the Eligible Faculty in managing the personnel and promotion and tenure issues. The APT Committee is comprised of a minimum of five (5) non-probationary faculty members appointed by the department chair. The Chair of the committee either is the Vice Chair for Radiology Academic Affairs, or another faculty member appointed by the Department Chair who functions under the oversight and supervision of the Vice Chair for Radiology Academic Affairs. The term of service is three years, with reappointment possible. When considering cases involving clinical faculty the Promotion and Tenure Committee may be augmented by up to three non-probationary clinical faculty members.

C. QUORUM

The quorum required to discuss and vote on all personnel decisions is a simple majority of the eligible faculty not on an approved leave of absence. A member of the eligible faculty on Special Assignment may be excluded from the count for the purposes of determining quorum only if the department chair has approved an off-campus assignment.

Faculty members who recuse themselves because of a conflict of interest are not counted when determining quorum.

D. RECOMMENDATION FROM THE COMMITTEE OF ELIGIBLE FACULTY

In all votes taken on personnel matters only "yes" and "no" votes are counted. Abstentions are not votes. Faculty members are strongly encouraged to consider whether they are participating fully in the review process when abstaining from a vote on a personnel matter. Absentee ballots and proxy votes are not permitted.

1. APPOINTMENTS

A positive recommendation from the eligible faculty for appointment is secured when a simple majority (greater than 50%) of the votes cast are positive.

2. REAPPOINTMENT, PROMOTION AND TENURE, PROMOTION

A positive recommendation from the eligible faculty for reappointment, promotion and tenure, and promotion, is secured when a simple majority (greater than 50%) of the votes cast is positive.

IV. APPOINTMENTS

The [*Rules of the University Faculty*](#) permit the Department of Radiology to make Tenure-track; Clinical; Research; and Associated faculty appointments. The latter contains unpaid and paid associated faculty. The appropriate initial appointment to the Department of Radiology will reflect these differing qualifications, be congruent with the job description of the position within the department, and be consistent with both the short-term and long-term career plans of the individual. The department chair will carefully evaluate and align the career goals of the faculty candidate and the department needs in determining the most appropriate appointment for the faculty member.

In the Department, faculty recruitment procedures will be guided by the rules and regulations of OSU and the guidelines in OSUCOM [<https://medicine.osu.edu/faculty/policies-and-resources>]. Working closely with the OSUCOM and OSUWMC Human Resources offices, the Department will recruit faculty into open positions within its Divisions as needed to maintain programs or in response to approved new program development.

An ad hoc faculty recruitment committee within the Department supervises each faculty position search and recruitment. In the process, this committee works closely with Division Chiefs and the OSUCOM and OSUWMC Human Resources offices to: 1. Properly advertise/post externally each open faculty position; 2. Identify suitable candidates, emphasizing a desire to support increasing talent and diversity in the Department; 3. When appropriate, conduct the recruiting of the strongest candidates; and 4. Formulation of recommendations for hiring to the Department Chair. Members of the Faculty Recruiting Committee will participate in the interview visits of invited candidates.

The Department is dedicated to the fair recruitment of faculty and strives for faculty diversity in terms of gender, sexual preference, race, and ethnic background. Accordingly, its faculty recruitment committee and the OSUCOM and OSUWMC Human Resources offices ensure fairness in consideration of all candidates.

For appointment to a faculty position in the Department of Radiology there must be:

- Through clear and convincing evidence, that for the particular appointment, the criteria have been met or exceeded in teaching, scholarship, service, or program development. In the evaluation of the candidate for appointment, consideration is based on the overall academic achievement that encompasses some combination of all of the above areas of activity.
- Evidence that the appointment will enhance, or have strong potential to enhance, the quality of the department.

- Support for the appointment, demonstrated by a consensus within the department evidenced by an appropriate faculty review.
- Evidence that the candidate has obtained, and understands that he or she is expected to retain the appropriate licensure and medical staff appointments that are required in order to participate in patient-based teaching, research, and service activities.

A. APPOINTMENT CRITERIA

1. TENURE-TRACK FACULTY

The Tenure-track exists for those faculty members who primarily strive to achieve sustained excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for extramural funding such as that provided by the National Institutes of Health (NIH). Although excellence in teaching and outstanding service to Ohio State is required, these alone are not sufficient for progress.

Tenure-track appointments are made in accordance with University Rule [3335-6-02](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. There must be an expectation that faculty members who are appointed to the tenure-track will be assigned a workload that provides sufficient time for the faculty member to meet the expectations and requirements for tenure-track appointments. The appointment process requires the Department to provide sufficient evidence in support of a Tenure-track faculty appointment so as to ensure that the faculty candidate has clearly and convincingly met or exceeded applicable criteria in teaching, scholarship, and service. [See Section VII. of this document for examples]. Each candidate for appointment should undergo an appropriate faculty review by the Department.

At the time of appointment, probationary Tenure-track faculty members will be provided with all pertinent documents detailing Departmental, College of Medicine, and University promotion and tenure policies and criteria. If these documents are revised during the probationary period, probationary Tenure-track faculty members will be provided with copies of the revised documents.

In this department, each appointee must obtain the appropriate Ohio licensure and other required certifications.

Appointment: Instructor of Radiology

An appointment to the rank of Instructor is always probationary. During the probationary period a faculty member does not have tenure and is considered for reappointment annually. Appointments to this rank may also be made if all of the criteria for the position of Assistant Professor have been met with the exception that the candidate will not have completed a terminal degree, or other relevant training, at the time of the appointment. When an individual is appointed to the rank of Instructor, the letter of offer should indicate the specific benchmarks and achievements required for promotion to Assistant Professor.

An appointment at the instructor level is limited to three years. When an instructor has not completed requirements for promotion to the rank of assistant professor by the beginning of the third year of appointment, the third year is a terminal year of employment. Upon promotion to assistant professor, the faculty member may request prior service credit for time spent as an instructor. This request must be approved by the department's eligible faculty, the department

chair, the dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate since prior service credit cannot be revoked once granted. In addition, all probationary faculty members have the option to be considered for early promotion.

Criteria for appointment to the rank of Instructor include the following.

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience. Individuals who have completed all the requirements of their terminal degree, but who have not obtained the final degree at the time of initial employment will be appointed as an Instructor.
- Evidence of potential for excellence in scholarship. Such evidence might include peer-reviewed publications in a mentored setting, but insufficient evidence of an independent, creative, and productive program of research with potential for external funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

Appointment: Assistant Professor of Radiology

An appointment to the rank of Assistant Professor is always probationary. During a probationary period, a faculty member does not have tenure and is considered for reappointment annually. Tenure cannot be awarded at the rank of Assistant Professor. An Assistant Professor must be reviewed for promotion and tenure in the mandatory review year (6th year of appointment for faculty without clinical responsibilities, 11th year of appointment for faculty with significant patient clinical service responsibilities); however, promotion and tenure may be granted at any time during the probationary period when the faculty member’s record of achievement so merits. Similarly, a probationary appointment may be terminated at any time subject to University Rule [3335-6-03](#).

Consistent with Faculty Rule [3335-6-09](#), faculty members with significant patient clinical service responsibilities are granted an extended probationary period of up to 11 years, including prior service credit, depending on the pattern of research, teaching, and service workload. An assistant professor with an extended probationary period is reviewed for promotion and tenure no later than the 11th year as to whether promotion and tenure will be granted at the beginning of the 12th year. For individuals not recommended for promotion and tenure after the mandatory review, the 12th year will be the final year of employment.

For appointments at the rank of Assistant Professor, prior service credit of up to three years may be granted for work experience at the time of the initial appointment. Doing so requires the approval of the eligible faculty, Department Chair, Dean, and Executive Vice President and Provost. Prior service credit shortens a probationary period by the amount of the credit and once granted cannot be revoked.

Criteria for appointment at the rank of Assistant Professor include:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience.
- Early evidence of excellence in scholarship as demonstrated by the initial development of a body of research, scholarship, and creative work. In addition, evidence must be provided that supports a candidate's potential for an independent program of scholarship and a strong likelihood of independent extramural research funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix D].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

Appointment: Associate Professor of Radiology with Tenure

Criteria for appointment to the rank of Associate Professor with tenure are identical to the criteria for promotion to Associate Professor with Tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. Offers to foreign nationals require prior consultation with the Office of International Affairs.

Appointment: Associate Professor of Radiology without Tenure

While appointments to the rank of Associate Professor may include tenure, a probationary period can be granted after petition to the Office of Academic Affairs. A Department must exercise care in making these appointments, especially if the probationary period will be less than four years. For faculty without patient clinical service responsibilities the probationary period may not exceed four years. For faculty with significant patient clinical service responsibility, the probationary period may not exceed six years. Requests for such appointments require the approval of the Dean of the College of Medicine, and the Executive Vice President and Provost.

An appointment to the rank of Associate Professor without tenure is probationary. During a probationary period, a faculty member does not have tenure and is considered for reappointment annually. Criteria for appointment to the rank of Associate Professor without tenure are identical to the criteria for promotion to Associate Professor without Tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. Offers to foreign nationals require prior consultation with the Office of International Affairs.

Appointment: Professor of Radiology with Tenure

Criteria for initial appointment to the rank of Professor with tenure are identical to the Department of Radiology's criteria for promotion to Professor with tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. Appointment to the rank of professor will include tenure unless the candidate does not have permanent residency, in which case a probationary period of up to four years may be extended to provide the faculty member with time to establish permanent residency. During the probationary period the faculty member is considered for reappointment annually. If permanent residency is not established during the probationary period, the fourth year of appointment will be the terminal year. Offers to foreign nationals require prior consultation with the Office of International Affairs.

2. CLINICAL FACULTY- CLINICIAN SCHOLAR OR CLINICIAN EDUCATOR PATHWAY

Clinical faculty members are equivalent in importance to the Department of Radiology to the Tenure-track faculty. Clinical faculty appointments are for those faculty members whose principal career focus is outstanding teaching, clinical and translational research, and delivery of exemplary clinical care. Clinical faculty members will generally not have sufficient protected time to meet the robust scholarship requirements of the Tenure-track within a defined probationary period. For this reason, the nature of scholarship for Clinical faculty differs from that in the Tenure-track and may be focused on a mixture of academic pursuits including the scholarship of practice, integration, education, as well as new knowledge discovery. Clinical faculty members may choose to distinguish themselves in teaching, innovative pedagogic program development, or patient-oriented research. Clinical faculty members may choose to distinguish themselves through several portfolios of responsibility including Clinician-Educator, Clinician-Scholar, and Clinical Excellence pathways.

The Clinician-Educator pathway reflects pedagogic excellence as measured by teaching evaluations and innovative teaching practices, modules and publications. The Clinician-Scholar pathway reflects excellence in translational science, clinical research and health services (e.g., health care policy and comparative effectiveness research) as measured by publications and grant funding, respectively. The Clinical Excellence pathway exists for faculty members who focus on exemplary clinical care, unique areas of emphasis in patient management, or outstanding service to a Department, the College of Medicine, and OSU. These faculty members typically devote 90% or more of their effort to patient care and/or administrative service. Clinical faculty members are not eligible for tenure and may not participate in promotion and tenure matters of tenure-track faculty.

All appointments of clinical faculty members are made in accordance with Chapter 7 of the Rules for University Faculty [3335-7](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. At the time of appointment, probationary Clinical faculty members will be provided with all pertinent documents detailing Department, College of Medicine, and University promotion policies and criteria. If these documents are revised during the probationary period, faculty members will be provided with copies of the revised documents.

Contracts will be for a period of at least three years and for no more than five years. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year if he or she will be reappointed for another year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. If the department wishes to consider contract renewal, a formal review of the faculty member is required in the penultimate year of the current contract period. There is no presumption that a new contract will be extended. In addition, the terms of the contract may be renegotiated at the time of reappointment. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges. The following paragraphs will outline the basic criteria for initial appointments.

Appointment: Instructor of Radiology – Clinician Scholar or Clinician Educator Pathway

Appointment to the rank of Instructor is made if all of the criteria for the position of Assistant Professor have been met with the exception that the candidate will not have completed the terminal degree, or other relevant training, at the time of the appointment. When an individual is appointed

as an Instructor, the letter of offer should indicate the specific benchmarks and accomplishments that will be necessary for promotion to Assistant Professor.

An appointment at the instructor level is limited to three years. When an instructor has not completed requirements for promotion to the rank of assistant professor by the beginning of the third year of appointment, the third year is a terminal year of employment.

When an Instructor is promoted to Assistant Professor in the clinical faculty, a new letter of offer with a probationary period of three to five years will be issued. Candidates for appointment to the rank of Instructor will have, at a minimum:

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study.
- Evidence of potential for contributions to scholarship as demonstrated by activities such as publications or presentation of abstracts as primary or secondary author. The individual may not as yet have demonstrated substantial evidence of independent contributions as reflected by first author publications and/or presentations.
- Post-doctoral clinical training in an appropriate area.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].

Appointment: Assistant Professor of Clinical Radiology – Clinician Scholar or Clinician Educator Pathway

The initial appointment to the rank of Assistant Professor is always probationary. During a probationary period, a faculty member is considered for reappointment annually. A probationary appointment may be terminated at any time subject to University Rule [3335-6-03](#) and the terms of the Letter of Appointment. An Assistant Professor may be reviewed for promotion at any time during the probationary period or during a subsequent contract.

This is the appropriate level for initial appointment of persons holding the appropriate terminal degree and the relevant clinical training, who are expected to be involved in full time teaching and clinical service, with more limited contribution to scholarship. This is also the appropriate level for persons assigned major clinical responsibilities who plan to engage principally in the education or clinical and translational science research or health service research. Candidates for appointment at this rank are expected to have completed all relevant training, including residency and fellowship where appropriate, consistent with the existing or proposed clinical program goals of the Department.

Candidates for appointment to the rank of Assistant Professor will have, at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience; and completion of requisite post-doctoral clinical training.
- Evidence of scholarship as demonstrated by activities such as presentation of abstracts or peer reviewed articles as primary, secondary, or corresponding author; or educational or clinical program development leadership; or involvement or leadership in quality or operations initiatives; and potential to advance through the faculty ranks.

- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].

Appointment: Associate Professor of Clinical Radiology – Clinician Scholar or Clinician Educator Pathway

The criteria for initial appointment at the rank of Associate Professor are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

Appointment: Professor of Clinical Radiology – Clinician Scholar or Clinician Educator Pathway

The criteria for initial appointment at the rank of Professor are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

3. CLINICAL EXCELLENCE PATHWAY

The College of Medicine has authorized the creation of a “Clinical Excellence Pathway,” designed to allow individuals with heavy (>90% effort) assignment to clinically related duties, to achieve promotion to Associate Professor and Professor without requirements for publications or presentations.

The Clinical Excellence Pathway exists for faculty members who focus on exemplary clinical care, unique areas of emphasis in patient management, or outstanding service to a Department, the College of Medicine, and OSU. Faculty members on this pathway typically devote 90% or more of their effort to patient care and/or administrative service.

Appointment: Assistant Professor of Clinical Radiology -- Clinical Excellence Pathway

A candidate for appointment as Assistant Professor should have a demonstrated record of impact and recognition in clinical care. The following will constitute characteristics of individuals worthy of appointment as assistant professor in the areas of teaching, research and service. Accomplishments in the area of program development will be included within the categories of teaching and service where appropriate.

Teaching (MD, DO or equivalent)

1. Evidence of teaching ability and accomplishments during residency training or prior employment.
2. Teaching awards achieved during residency training or prior employment.
3. Participation in the development of educational materials and programs.

(For appointment to the assistant professor level, the individual should have at least achieved accomplishment #1.)

Teaching (Ph.D.)

1. Evidence of teaching competence and accomplishments during postdoctoral training and/or prior employment.
2. Teaching awards obtained during postdoctoral training or prior employment.

3. Participation in the development of educational materials and programs.

(For appointment to the assistant professor level, the individual should have at least achieved accomplishment #1)

Research and Scholarship (MD, DO or equivalent, PhD)

1. No Requirements

Service (MD, DO or equivalent)

1. Attainment of the M.D. degree (or suitable equivalent).
2. Satisfactory completion of residency training in an area appropriate to the appointment.
3. Evidence during residency training or prior employment of a high level of clinical competence.
4. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors (see Appendix D).
5. Qualifications necessary for attainment of appropriate licensure and medical staff appointment(s).

(For appointment to the assistant professor level, the individual should have achieved accomplishments 1 through 5).

Service (Ph.D.)

1. Attainment of Ph.D. degree (or suitable equivalent).
2. Satisfactory completion of postdoctoral training in area suitable to the appointment.
3. Evidence during prior training or employment of research competence.
4. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

(For appointment to the assistant professor level, the individual should have achieved accomplishments 1 through 4.)

Appointment: Associate Professor of Clinical Radiology -- Clinical Excellence Pathway

Criteria for initial appointment to the rank of Associate Professor of Clinical Radiology are identical to the Department's criteria for promotion to Associate Professor for clinical excellence faculty, as detailed in Section VII.A.4 of this document.

Appointment: Professor of Clinical Radiology -- Clinical Excellence Pathway

Criteria for initial appointment to the rank of Professor of Clinical Radiology are identical to the Department's criteria for promotion to Professor in clinical excellence faculty, as detailed in section VII.A.4 of this document.

4. RESEARCH FACULTY

Research appointments exist for faculty members who focus principally on scholarship. Notably, the standards for scholarly achievement are similar to those for individuals on the Tenure-track for each faculty rank. A Research faculty member may, but is not required to, participate in educational and service activities. Research faculty members are expected to contribute to a

Department's research mission and are expected to demonstrate excellence in scholarship as reflected by high quality peer-reviewed publications and successful competition for NIH or similar funding.

Research appointments are made in accordance with Chapter 7 of the Rules of the University Faculty [3335-7](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. Unless otherwise authorized by a majority vote of the Tenure-track faculty in a department, Research faculty must comprise no more than twenty per cent of the number of Tenure-track faculty in the Department. In all cases, however, the number of Research faculty positions in a unit must constitute a minority with respect to the number of tenure-track faculty in the Department.

Contracts will be for a period of at least one year and for no more than five years, and must explicitly state the expectations for salary support. In general, research faculty appointments will require 100% salary recovery. It is expected that salary recovery will be entirely derived from extramural funds. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year as to whether he or she will be reappointed for the following year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of a contract may be renegotiated at the time of reappointment.

Research faculty members are eligible to serve on University committees and task forces but not on University governance committees. Research faculty members also are eligible to advise and supervise graduate and postdoctoral students and to be a principal investigator on extramural research grant applications. Approval to advise and supervise graduate students must be obtained from the graduate school as detailed in Section XV the [Graduate School Handbook](#).

Appointment: Research Assistant Professor of Radiology

A candidate for appointment to the research faculty should have a demonstrated record of research expertise at a local or regional level and have at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study, or possession of equivalent experience.
- Completion of sufficient post-doctoral research training to provide the basis for establishment of an independent research program.
- An initial record of excellence in scholarship as demonstrated by having begun to develop a body of research, scholarship, and creative work, and initial evidence of program of research as reflected by first or senior author publications or multiple co-authorships and existing or strong likelihood of extramural research funding as one of several program directors or principal investigators on network-type or center grants (multiple-PD/PI) or as a co-investigator on multiple grants.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix D]. Strong potential for career progression and advancement through the faculty ranks.

Appointment: Research Associate Professor of Radiology

The criteria for initial appointment to the rank of Research Associate Professor are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

Appointment: Research Professor of Radiology

The criteria for initial appointment to the rank of Research Professor are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

5. ASSOCIATED FACULTY

Associated faculty appointments exist for faculty members who focus on a specific and well-defined aspect of the Department of Radiology mission, most commonly outstanding teaching and exemplary clinical care. Associated faculty may be involved in scholarly pursuits and service to the University, but this is not required for advancement.

Associated Faculty, as defined in the Rules of the University Faculty [3335-5-19](#), include “persons with adjunct titles, clinical practice titles, visiting titles, and lecturer titles,” plus “professors, associate professors, assistant professors, and instructors who serve on appointments totaling less than fifty per cent service to the university.” Members of the associated faculty are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters. Associated faculty appointments are for up to three years. The below titles are used for associated faculty.

Appointment: Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor

Adjunct appointments may be compensated or uncompensated. Adjunct faculty appointments are given to individuals who perform considerable compensated or uncompensated academic service to the department such as teaching a course, for which a faculty title is appropriate. Typically, the adjunct faculty rank is determined by applying the criteria for appointment of tenure-track faculty. Adjunct faculty members are eligible for promotion (but not tenure).

Appointment: Clinical Instructor of Practice, Clinical Assistant Professor of Practice, Clinical Associate Professor of Practice, Clinical Professor of Practice

Associated faculty with patient care responsibilities will be given clinical practice appointments. Clinical practice appointments may either be compensated or not compensated. Associated clinical rank is determined by applying the criteria for appointment of clinical faculty. Criteria for appointment at advanced rank are the same as for promotion. Clinical practice faculty members are eligible for promotion (but not tenure).

Appointment: Lecturer

Appointment as lecturer requires that the individual have, at a minimum, a Master's degree in a field appropriate to the subject matter to be taught. Evidence of ability to provide high-quality instruction is desirable. Lecturers are not eligible for tenure but may be promoted to senior lecturer if they meet the criteria for appointment at that rank. The initial appointment should generally not exceed one year. Reappointments may be for one to three years.

Appointment: Senior Lecturer

Appointment as senior lecturer requires that the individual have, at a minimum, a doctorate in a field appropriate to the subject matter to be taught, along with evidence of ability to provide high-quality instruction; or a Master's degree and at least five years of teaching experience with documentation of high quality. Senior lecturers are not eligible for tenure or promotion. The initial appointment should generally not exceed one year. Reappointments may be for one to three years.

Appointment: Assistant Professor, Associate Professor, Professor with FTE below 50%

Appointment at tenure-track titles is for individuals at 49% FTE or below, either compensated or uncompensated. The rank of associated faculty with tenure-track titles is determined by applying the criteria for appointment of tenure-track faculty. Associated faculty members with tenure-track titles are eligible for promotion (but not tenure) and the relevant criteria are those for promotion of tenure-track faculty.

Appointment: Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor

Visiting faculty appointments may either be compensated or not compensated. Visiting faculty members on leave from an academic appointment at another institution are appointed at the rank held in that position. The rank at which other (non-faculty) individuals are appointed is determined by applying the criteria for appointment of tenure-track faculty. Visiting faculty members are not eligible for tenure or promotion. They may not be reappointed for more than three consecutive years.

At a minimum, all candidates for associated faculty appointments must meet the following criteria.

- Clinical practice faculty with clinical responsibilities must be licensed physicians or health care provider.
- Have significant and meaningful interaction in at least one of the following mission areas of the College of Medicine:
 - a) Teaching of medical students, residents, or fellows: For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.
 - b) Research: These faculty members may collaborate with a Department or Division in the College in research projects or other scholarly activities.
 - c) Administrative roles within the College: This includes participation in committees or other leadership activities (e.g., membership in the Medical Student Admissions Committee).

Appointment and Reappointment: Associated Faculty at Advanced Rank

- i) By definition, Associated Faculty members are appointed for up to three years at a time. As such, associated faculty are not eligible for traditional promotion, but they are eligible to be reappointed at the next rank. Appointment or reappointment at advanced rank should evidence excellence in a specific aspect of the Department of Radiology mission. All new appointments at advanced rank require a review and vote of the eligible faculty, an evaluation

by the department chair, and an evaluation letter from a person that can attest to the faculty member's primary contribution in clinical care, teaching or scholarship.

a. ASSOCIATE PROFESSOR

Teaching and Mentoring: For associated faculty members whose principal focus is teaching and mentoring, benchmarks for appointment or reappointment at advanced rank include sustained excellence in reviews by students and residents supervised by the faculty member, teaching awards, introduction of students to new modes of practice or patient populations not previously available to learners, participation or leadership in curriculum development.

Scholarship: For associated faculty members whose principal focus is scholarship, benchmarks include participation in research projects, programs, or other scholarly activity that result in enhanced regional recognition of the College through publications, funded programs, or other means. Presentations at regional meetings or leadership or participation in regional organizations dedicated to the faculty member's area of focused scholarship serve as further indicators of advancement to this rank. Although a record of publication is not an expectation for associated faculty, publications or other forms of dissemination of scholarship (*e.g.*, web-based documents, other electronic media) are valued and contribute to advancement in rank. This is particularly true for faculty who are appointed based on their collaboration in research or other scholarly activities. Publications may be of diverse types and are not required to be first or senior authored.

Leadership and Administration: For associated faculty members whose principal focus is service, benchmarks may include the faculty member's membership and participation on committees or other leadership groups. Leadership of subgroups within a committee, such as a writing group, or supervision of a task force is another example of such benchmarks. There must be a sustained commitment to leadership and administration rather than a single interaction with a College or Medical Center committee or leadership group.

b. PROFESSOR

For associated faculty, appointment or reappointment to the rank of Professor is based not only on sustained contributions in the faculty member's area of focus but on a more advanced stage of leadership or greater sphere of impact than that of an Associate Professor.

Teaching and Mentoring: For associated faculty members whose principal focus is teaching and mentoring, faculty appointed or reappointed to the rank of Professor will not only have the accomplishments of an Associate Professor but will also attain broader recognition for contributions through curriculum development and recognition of excellence in education. This may come in the form of regional and national teaching awards, membership and leadership in national organizations and meetings dedicated to medical education, adoption of teaching innovations and curricula introduced by the faculty member to institutions outside the College of Medicine, and invitations to speak at outside institutions. Although publications are not an expectation, publications or websites conveying the faculty member's innovations will serve as an indication for dissemination of innovation outside the College.

Scholarship: For associated faculty members whose principal focus is scholarship, the scholarly contributions of associated faculty appointed or reappointed to the rank of Professor will exceed the scope of those at the rank of Associate Professor. Benchmarks include participation in research projects, programs, or other scholarly activities that result in enhanced national recognition of the College through publications, funded programs, or other means. Authorship or co-authorship of manuscripts and participation in nationally funded programs of research are examples of benchmarks for those achieving this rank. Presentations at national meetings and membership or leadership in national organizations dedicated to the faculty member's focus of scholarship are further benchmarks.

Leadership and Administration: For associated faculty members whose principal focus is service, the faculty member appointed or reappointed to the rank of Professor will progress to senior leadership roles in the College or Medical Center. This may consist of serving as chair of committees that contribute to the growth in excellence of the College or which have made fundamental and innovative changes in College procedures, practice or culture. There must be a record of sustained senior leadership rather than a single interaction with a College or Medical Center committee or leadership group.

6. EMERITUS FACULTY

Emeritus faculty status is an honor given in recognition of sustained academic contributions to the university as described in Faculty Rule [3335-5-36](#). Full-time tenure track, clinical/teaching/practice, research, or associated faculty may request emeritus status upon retirement or resignation at the age of sixty or older with ten or more years of service or at any age with twenty-five or more years of service.

Faculty will send a request for emeritus faculty status to the TIU head (regional campus dean for associated faculty on regional campuses) outlining academic performance and citizenship. The Committee of Eligible faculty (tenured and non-probationary clinical/teaching/practice associate professors and professors) will review the application and make a recommendation to the TIU head. The TIU head will decide upon the request, and if appropriate submit it to the dean. If the faculty member requesting emeritus status has in the 10 years prior to the application engaged in serious dishonorable conduct in violation of law, rule, or policy and/or caused harm to the university's reputation or is retiring pending a procedure according to Faculty Rule [3335-05-04](#), emeritus status will not be considered.

See the OAA [Policies and Procedures Handbook](#) Volume 1, Chapter 1, for information about the types of perquisites that may be offered to emeritus faculty, provided resources are available.

Emeritus faculty may not vote at any level of governance and may not participate in promotion and tenure matters.

7. COURTESY APPOINTMENT FOR FACULTY

A non-salaried appointment for a tenure-track, clinical, or research University faculty member from another department is considered a Courtesy appointment. An individual with an appointment in one department may request a Courtesy appointment in another department when that faculty

member's scholarly and academic activity overlaps significantly with the discipline represented by the second unit. Such appointments must be made at the same faculty rank, using the same title, as that offered in the primary department. Courtesy appointments are warranted only if they are accompanied by substantial involvement in the academic and scholarly work of the Department.

B. APPOINTMENT PROCEDURES

See the [Faculty Policy on Faculty Recruitment and Selection](#) and the [Policy on Faculty Appointments](#) in the Office of Academic Affairs [Policies and Procedures Handbook](#) for information on the following topics:

- recruitment of tenure-track, clinical and research faculty
- appointments at senior rank or with prior service credit
- hiring faculty from other institutions after April 30
- appointment of foreign nationals

All searches in the Department of Radiology must conform to the following guidelines:

- All searches should be conducted in accordance with the guidelines of The Ohio State University and the College of Medicine.
- Searches must be undertaken only after an assessment of need, and may begin only after the approval of the Department Chair has been obtained.
- Searches should be structured with specific job descriptions and carefully-outlined expectations.
- There must be substantial faculty involvement in the search.
- A vigorous effort must be made to ensure a diverse pool of highly qualified candidates.

A draft letter of offer to a faculty candidate must be submitted to the Office of Academic Affairs in the College of Medicine for review and approval. The draft letter of offer will be reviewed for consistency with the essential components required by the Office of Academic Affairs [Policies and Procedures Handbook](#), and by the College. Templates for letters of offer are found online on [OneSource](#). Departments should access these templates for each letter written to ensure that they use the most current approved version.

Candidates should be provided with information regarding the programmatic goals of the Department of Radiology, the Appointment, Promotion and Tenure and Pattern of Administration documents of the Department and of the University practice entity prior to their visit. Searches at the associate professor, professor, or chair level should be made only for candidates who match very specific needs of the Department (and division). The structure of the search committees at these levels should be more carefully tailored to the specifics of these solicitations. All search committees must include at least one member of the specific division and at least one faculty member from another Department. Appointments at a senior level (associate professor and above) require a vote of the eligible faculty and external letters of evaluation.

All offers at the associate professor and professor ranks, with or without tenure, and all offers of prior service credit require the prior approval of the Dean and the Office of Academic Affairs. Offers to foreign nationals require prior consultation with the Office of International Affairs.

The following sections provide general guidelines for searches.

1. TENURE-TRACK FACULTY

A national search is required to ensure a diverse pool of highly qualified candidates for all tenure track positions. Exceptions to this policy must be approved in advance by the college and the Office of Academic Affairs. Search procedures must be consistent with the OAA [Policy on Faculty Recruitment and Selection](#). Searches for tenure track faculty proceed as follows:

The Dean of the College provides approval for the Department to commence a search process. The Department Chair appoints a search committee, usually consisting of three or more faculty members who reflect the field of expertise that is the focus of the search, as well as other fields within the Department.

Prior to any search, members of all search committees must undergo inclusive hiring practices training available through the college with resources from the [Office of Diversity and Inclusion](#). Implicit bias training, also strongly encouraged, is available through the [Kirwan Institute for the Study of Race and Ethnicity](#).

The search committee:

- Appoints a Diversity Advocate who is responsible for providing leadership in assuring that vigorous efforts are made to achieve a diverse pool of qualified applicants.
- Develops a search announcement for internal posting in the University Job Postings through the Office of Human Resources Employment Services (hr.osu.edu) and external advertising, subject to the Department Chair's approval.
- Develops and implements a plan for external advertising and direct solicitation of nominations and applications. If there is any likelihood that the applicant pool will include qualified foreign nationals, the search committee must assure that at least one print advertisement is published in one of the discipline's academic journals. Exclusive announcement in electronic media is not sufficient. The University does not grant tenure in the absence of permanent residency ("green card"), and strict U.S. Department of Labor guidelines do not permit sponsorship of foreign nationals for permanent residency unless the search process resulting in their appointment to a Tenure-track position included an advertisement in a nationally circulated print journal.
- Screens applications and letters of recommendation and presents its findings to the Department Chair.

On-campus interviews are arranged by the search committee chair. Interviews with candidates must include opportunities for interaction with faculty groups, including the search committee; graduate students or residents, where appropriate; the Department Chair; and the Dean or designee. In addition, it is recommended that all candidates make a presentation to the faculty, students and/or residents on their scholarly activity. All candidates interviewing for a particular position must follow the same interview format.

Following completion of on-campus interviews, the Search Committee presents its findings and makes its recommendations to the Department Chair, who then proceeds with the offer of an appointment with rank based on recommendation from the College of Medicine.

Potential appointment of a foreign national who lacks permanent residency must be discussed with the Office of International Affairs. The university does not grant tenure in the absence of permanent residency status. The department will therefore be cautious in making such appointments and vigilant in assuring that the appointee seeks residency status promptly and diligently.

2. CLINICAL FACULTY (INCLUDING CLINICAL EXCELLENCE PATHWAY)

Searches for clinical faculty should be undertaken with adherence to the general guidelines described above, except that exemption from conducting a national search can be obtained from the College of Medicine (OAA approval is not needed). Individuals with a clear commitment to service and teaching should be selected. The composition of the search committees shall be comparable to those for tenure-track faculty.

3. RESEARCH FACULTY

Searches for research faculty should be undertaken with adherence to the general guidelines described above for tenure-track faculty, except that exemption from conducting a national search can be obtained from the College of Medicine (OAA approval is not needed). Individuals with a clear and focused commitment to research, publication and grantsmanship should be selected. Prior evidence of the commitments is strongly encouraged. Interest in teaching and service are secondary considerations. The composition of the search committees shall be comparable to those for tenure-track faculty.

4. TRANSFER FROM THE TENURE-TRACK

Tenure-track faculty may transfer to a clinical or research appointment if appropriate circumstances exist. Tenure is lost upon transfer, and transfers must be approved by the department chair, the college dean, and the executive vice president and provost.

The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed.

Transfers from clinical and from research appointments to a tenure-track appointment are not permitted. Clinical faculty members and research faculty members may apply for tenure-track positions and compete in national searches for such positions.

The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities. Presumably, these will differ from prior expectations.

5. ASSOCIATED FACULTY

Associated faculty appointments in the Department of Radiology at the levels of clinical instructor of practice, clinical assistant professor of practice, clinical associate professor of practice, and clinical professor of practice will not require formalized search processes. The existing guidelines

for the involvement of community surgeons within the Department of Radiology should be utilized as general principles. Offers of these faculty appointments should be primarily the purview of the division chief (if applicable) in consultation with the Chair. These appointments shall require the approval of the Department Promotion and Tenure Committee for initial appointment and annual renewal.

6. COURTESY APPOINTMENTS FOR FACULTY

Any department faculty member may propose a 0% FTE (Courtesy) appointment for a faculty member from another OSU department. A proposal that describes the uncompensated academic service to the courtesy department justifying the appointment must be considered at a regular faculty meeting. The Chair must review all courtesy appointments every three years to determine whether they continue to be justified, may take recommendations for nonrenewal from the faculty, and must conduct a vote at a regular meeting. A courtesy faculty appointment forwarded from a Department for approval by the College must have been made consistent with that Department's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by the [Rules of the University Faculty](#), the Office of Academic Affairs, and the Office of Human Resources.

V. ANNUAL REVIEW PROCEDURES

The department follows the requirements for annual reviews as set forth in the [Faculty Annual Review Policy](#). The Department Chair or his or her designee must conduct an annual review of every faculty member, irrespective of rank, in accordance with University Rule [3335-6-03](#) (C), and the Office of Academic Affairs [Policies and Procedures Handbook](#). The only exception to this guideline is that Courtesy appointments do not require formal annual renewal, but continuation of the appointment should reflect ongoing academic involvement as described in the Office of Academic Affairs Policies and Procedures Handbook [Volume 1, Chapter 1](#): 2.3.1.6.

In accordance with the OSUCOM Faculty Annual Review guidelines and Faculty Workload Guidelines [<https://medicine.osu.edu/faculty/policies-and-resources>], each faculty member in the Department undergoes an individual Annual Review upon conclusion of each Academic Year (AY: July 1 – June 30) (deadline set annually by Dean of OSUCOM). For the purpose of benefitting the individual faculty member, the Department leadership, and the OSUCOM, an objective evaluation of the annual performance of each Department faculty member is provided in a metric-based format (approved annually by Dean of OSUCOM) which is highly consistent with assessing: 1. Progress towards promotion along his/her Faculty appointment; 2. Productivity data for the concluding AY; and 3. Total Base Salary determination and CART assignment or adjustments for the upcoming AY.

Examples of potential individual and/or Division measurements may include any of the following:

- Clinical activities
 - Individual wRVU generation
 - Demonstration of individual commitment to clinical care (e.g., via referring physician service survey scores)
- Administrative activities
 - Demonstration of commitment to leading Department operations (e.g., academic affairs, research)

- Demonstration of commitment to leading Department/Imaging Program operations (e.g., clinical, informatics)
- Research activities
 - Individual extramural grant funding (e.g., NIH grants)
 - Individual peer-reviewed manuscripts in high-impact journals
- Teaching activities
 - Demonstration of individual commitment to medical student teaching (e.g., via medical student evaluations)
 - Demonstration of individual commitment to Radiology resident and fellow training (e.g., via resident and fellow evaluations)

In addition, the metrics reflecting professional “citizenship” are assessed as part of the Annual Review. Potential examples include individual and/or Division measures of the following:

- Demonstrations of Service Quality & Professionalism
- Adherence to Compliance & Safety Metrics

The data incorporated into this metric-based instrument may be used for objective evaluation of the performance of each faculty member in the Department at any time; personal data are always made readily available to the individual faculty member and his/her Division Chief. For the purpose of using such data to regularly assess individual progress during each AY, documented face-to-face discussions between the individual faculty member and his/her Division Chief and member are strongly encouraged by the Department Chair. Written evaluations of each faculty member by the respective Division Chief according to pre-approved metrics are provided to the Chair for consideration in the preparation of the individual Annual Review report.

In addition, as part of the Annual Review process, each faculty member contributes information about his/her accomplishments and indicates his/her top professional goals for the coming AY. Included in the Annual Review of faculty members holding positions of leadership (including Vice Chairs and Division Chiefs) is an assessment of his/her leadership performance over the concluding AY; to that end, anonymous ratings by the supervised faculty members of each leader’s abilities to promote Division and/or Department missions may be solicited by the Department Chair.

Finally, the Department Chair compiles the aforementioned input information to compose the written overall individual Annual Review report, incorporating ratings of level of achievement along to pre-approved metrics. Ratings given for each area are one of the following:

- Exceeded expectations
- Above expectations
- Met expectations
- Below expectations
- Failed-to-Meet expectations

The final Annual Review report also includes a narrative regarding the concluding AY, as well as individual CART effort allocations and relative expectations for the upcoming AY.

Once complete, the written overall individual Annual Review report is shared with the individual faculty member prior to a face-to-face meeting between the Department Chair (or designee) and the faculty member, during which the evaluation of his/her performance over the concluding AY, as well as goals for the upcoming AY, are discussed, culminating in a consensus (following any warranted report

modification) with joint-signature for confirmation of the report. If consensus cannot be reached, the Chair will seek guidance from the Dean of OSUCOM.

The faculty member must maintain an up-to-date OAA-approved electronic dossier and/or keep a recent curriculum vitae on record with the Department. If a Chair's designee conducts the annual review, there must be a mechanism for appraising the Chair of each faculty member's performance. The department chair is required (per Faculty Rule [3335-3-35](#)) to include a reminder in the annual review letter that all faculty have the right (per Faculty Rule [3335-5-04](#)) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.

A. PROBATIONARY TENURE TRACK FACULTY

Every probationary tenure track faculty member is reviewed annually by the chair, who prepares a written evaluation that includes a recommendation on whether to renew the probationary appointment.

If the department chair recommends renewal of the appointment, this recommendation is final. The department chair's annual review letter to the faculty member renews the probationary appointment for another year and includes content on future plans and goals. The faculty member may provide written comments on the review. The department chair's letter (along with the faculty member's comments, if received) is forwarded to the dean of the college. In addition, the annual review letter becomes part of the cumulative dossier for promotion and tenure (along with the faculty member's comments, if he or she chooses).

If the department chair recommends nonrenewal, the Fourth-Year Review process (per Faculty Rule [3335-6-03](#)) is invoked. Following completion of the comments process, the complete dossier is forwarded to the college for review and the dean makes the final decision on renewal or nonrenewal of the probationary appointment.

1. FOURTH YEAR REVIEW

Each faculty member in the fourth year of probationary service must undergo a review utilizing the same process as the review for tenure and promotion, with two exceptions: external letters of evaluation will not be required, and review by the College of Medicine Promotion and Tenure Advisory Committee is not mandatory. The objective of this review will be to determine if adequate progress towards the achievement of promotion and tenure is being made by the candidate.

At the conclusion of the department review, the formal comments process (per [Faculty Rule 3335-6-04](#)) is followed and the case is forwarded to the college for review, regardless of whether the department chair recommends renewal or nonrenewal. If either the Eligible Faculty or the Department Chair recommends nonrenewal of a faculty member's probationary contract, the case will be referred to the College Appointment, Promotion and Tenure Advisory Committee, which will review the case, vote and make a recommendation to the Dean. The Dean makes the final decision regarding renewal or nonrenewal of the probationary appointment.

In all cases, the Dean independently evaluates all faculty in their fourth year of probationary appointment and will provide the Department Chair with a written evaluation of the candidate's progress.

2. EIGHTH YEAR REVIEW

For faculty members with an 11 year probationary period, an eighth year review, utilizing the same principles and procedures as the fourth year review, will also be conducted.

3. EXCLUSION OF TIME FROM PROBATIONARY PERIOD

University guidelines for Exclusion of Time from Probationary Period are specified in University Rule [3335-6-03](#)(D). Additional procedures and guidelines can be found in the Office of Academic Affairs [Policies and Procedures Handbook](https://oaa.osu.edu/policies-and-procedures-handbook) (<https://oaa.osu.edu/policies-and-procedures-handbook>).

B. TENURED FACULTY

Tenured faculty members are to be reviewed annually by the Department Chair as described above, who prepares a written evaluation in narrative format.

The annual review of professors is based on their having achieved sustained excellence in the discovery, dissemination and translation of new knowledge relevant to the mission of the tenure initiating unit, as demonstrated by national and international recognition of their scholarship; ongoing excellence in teaching, including their leadership in education in both teaching and mentoring students; and outstanding service to the department, the university, and their profession, including their support for the professional development of assistant and associate professors. Professors are expected to be role models in their academic work, interaction with colleagues and students, and in the recruitment and retention of junior colleagues. As the highest ranking members of the faculty, the expectations for academic leadership and mentoring for professors exceed those for all other members of the faculty.

Faculty members may provide written comments on their review.

C. CLINICAL FACULTY

The annual review process for clinical probationary and non-probationary faculty is identical to that for tenure-track probationary and tenured faculty respectively.

In the penultimate year of a clinical faculty member's appointment, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. This review proceeds identically to the Fourth-Year Review procedures for tenure-track faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract. If the position will not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule [3335-6-08](#) must be observed.

D. RESEARCH FACULTY

The annual review process for research probationary and non-probationary faculty is identical to that for tenure-track probationary and tenured faculty respectively.

In the penultimate year of a research faculty member's appointment, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. This review proceeds identically to the Fourth-Year Review procedures for tenure-track faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract. If the position will not continue, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule [3335-6-08](#) must be observed.

E. ASSOCIATED FACULTY

Compensated associated faculty members in their initial appointment must be reviewed before reappointment. The department chair, or designee, prepares a written evaluation and meets with the faculty member to discuss his or her performance, future plans, and goals. The department chair's recommendation on renewal of the appointment is final. If the recommendation is to renew, the department chair may extend a multiple year appointment.

Compensated associated faculty members on a multiple year appointment are reviewed annually by the department chair, or designee. The department chair, or designee, prepares a written evaluation and meets with the faculty member to discuss his or her performance, future plans, and goals. No later than October 15 of the final year of the appointment, the chair will decide whether or not to reappoint. The department chair's recommendation on reappointment is final.

VI. MERIT SALARY INCREASES AND OTHER REWARDS

A. CRITERIA

The Department of Radiology will be consistent with its Appointments, Promotion and Tenure document and other relevant policies, procedures, practices, and standards established by: (1) the [College of Medicine](#), (2) the [Rules of the University Faculty](#), (3) the Office of Academic Affairs [Policies and Procedures Handbook](#), and (4) the [Office of Human Resources](#).

Except when the university dictates any type of across the board salary increase, all funds for annual salary increases are directed toward rewarding meritorious performance and assuring, to the extent possible given financial constraints, that salaries reflect the market and are internally equitable.

Meritorious performance in teaching, scholarship, and service is assessed in accordance with the same criteria that form the basis for promotion decisions. The time frame for assessing performance will be the past 36 months, with attention to patterns of increasing or declining productivity. Faculty with high-quality performance in all three areas of endeavor and a pattern of consistent professional growth will necessarily be favored. Faculty members whose performance is unsatisfactory in one or more areas are likely to receive minimal or no salary increases.

Faculty who fail to submit the required documentation for an annual review at the required time will receive no salary increase in the year for which documentation was not provided, except in extenuating circumstances, and may not expect to recoup the foregone raise at a later time.

B. PROCEDURES

Each faculty member must undergo an annual review utilizing the principles outlined in Section V of this document. The Department Chair will compare the faculty member's performance to stated expectations and to those recorded in the relevant Appointments, Promotion and Tenure document, and then determine an appropriate level of merit salary increase (if any). Other rewards will be determined in a similar manner.

Faculty members who wish to discuss dissatisfaction with their salary increase with the department chair should be prepared to explain how their salary (rather than the increase) is inappropriately low,

C. DOCUMENTATION

Documentation for the purposes of determining merit salary increases will use the same standards as are applied for considerations of promotion and/or tenure. These standards are described in Section VII of this document, and may be augmented by additional descriptions in the Appointments, Promotion and Tenure document of the Department.

VII. PROMOTION AND TENURE, AND PROMOTION REVIEWS

A. CRITERIA

Faculty Rule [3335-6-02](#) provides the following context for promotion and tenure and promotion reviews:

In evaluating the candidate's qualifications in teaching, scholarship, and service, reasonable flexibility shall be exercised, balancing, where the case requires, heavier commitments and responsibilities in one area against lighter commitments and responsibilities in another. In addition, as the university enters new fields of endeavor, including interdisciplinary endeavors, and places new emphases on its continuing activities, instances will arise in which the proper work of faculty members may depart from established academic patterns. In such cases care must be taken to apply the criteria with sufficient flexibility. In all instances, superior intellectual attainment, in accordance with the criteria set forth in these rules, is an essential qualification for promotion to tenured positions. Clearly, insistence upon this standard for continuing members of the faculty is necessary for maintenance and enhancement of the quality of the university as an institution dedicated to the discovery and transmission of knowledge.

Outlined below are the department's formal criteria for academic advancement, including promotion and awarding of tenure. The College of Medicine expects that when a Department forwards the dossier of a candidate for review and has recommended promotion and/or granting of tenure, every diligent effort has been made to ensure the qualifications of the candidate meet or exceed applicable criteria.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised. As the College of Medicine diversifies and places new emphasis on interdisciplinary endeavors and program development, instances will arise in which the proper work of a faculty member may depart from established academic patterns, especially with regard to awarding tenure. Thus, care must be exercised to apply criteria flexibly, but without compromise in requiring the essential qualifications for promotion. Insistence upon this high standard for faculty is necessary for

the maintenance and enhancement of the University as an institution dedicated to the discovery and transmission of knowledge.

Although institutional citizenship and collegiality cannot be used as an independent criterion for promotion or tenure, these positive attributes characterize the ability of a faculty member to effectively contribute to exemplary scholarship, teaching and service. A commitment to these values and principles can be demonstrated by constructive responses to and participation in Department, University and College of Medicine initiatives. Examples include participation in faculty governance, outreach and service, ethical behavior, adherence to principles of responsible conduct of research, constructive conduct and behavior during the discharge of duties, responsibilities and authority, and the exercise of rights and privileges of a member of the faculty as reflected in the “Statement of Professional Ethics” of the American Association of University Professors (see Appendix D).

Annually, the OSU Office of Academic Affairs establishes specific guidelines, procedures, and schedules for the review of candidates for promotion and tenure. The Dean of the College of Medicine also establishes and communicates the latest date for the receipt of dossiers for annual consideration by the College. Upon receipt of a candidate’s dossier, the Dean of the College of Medicine will submit the dossier to the College’s Appointments, Promotion and Tenure Advisory Committee for formal review. The committee will review the dossier, consistent with responsibilities described in this document, and convey to the Dean in writing a recommended action to be taken. The Dean will consider the recommendations of the committee and will convey, in writing, a recommended action to the Executive Vice President and Provost.

1. PROMOTION OF TENURE-TRACK FACULTY

a. ASSOCIATE PROFESSOR WITH TENURE

Faculty Rule [3335-6-02](#) provides the following general criteria for promotion to associate professor with tenure:

The awarding of tenure and promotion to the rank of associate professor must be based on convincing evidence that the faculty member has achieved excellence as a teacher, as a scholar, and as one who provides effective service; and can be expected to continue a program of high-quality teaching, scholarship, and service relevant to the mission of the academic unit(s) to which the faculty member is assigned and to the university.

Tenure is not awarded below the rank of associate professor at The Ohio State University.

The awarding of tenure is an acknowledgment of excellence and future potential for preeminence. It requires evidence of consistent achievement throughout the professional life of the faculty member. Promotion to the rank of Associate Professor with Tenure occurs when a faculty member exhibits clear and sustained evidence of excellence in the discovery and dissemination of new knowledge, as demonstrated by a national level of significance and recognition of scholarship. In addition, excellence in teaching and outstanding service to OSU is required, but alone is not sufficient for promotion and awarding of tenure. These three key achievements: scholarship, teaching and service, are individually discussed below.

Achievement of a national reputation is a prerequisite for promotion to Associate Professor and awarding of tenure. Objective examples of a national reputation include service on NIH or

equivalent grant review panels, participation on federal steering, guideline or advisory committees, selection for service in a national professional society, invitation for lectureships or scholarly reviews, receipt of national scientific awards, external letters of evaluation and other measures of national impact.

Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. While individual circumstances may vary, both the quantity and quality of publications should be considered. Metrics that are useful in assessing a candidate include the total number of citations of their publications, the impact factor of journals in which they have published and their H-index. A sustained record of high quality and quantity of scholarly productivity as an assistant professor is required for promotion to the rank of associate professor or professor. Specific metrics in support of excellence in scholarship may be discipline-specific. For examples, clinician investigators will have less time available for research than basic investigators and appropriate adjustments of these criteria should be made. The range of publications may be slightly adjusted in relation to the proportion of the faculty member's effort that is allocated to clinical service. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.

Evidence of sustained or multiple grant support is another crucial indicator of expertise in the field. Candidates for promotion to associate professor with tenure who are without significant clinical responsibilities should have obtained NIH funding as a principal investigator (PI) on an R01 or as one of several program directors or principal investigators on a large NIH grant (multiple-PD/PI) (*i.e.*, multicenter R01 or equivalent such as a project on a P01, U54), or equivalent funding from the National Science Foundation (NSF) or have obtained a mid-career K award. They should ideally have demonstrated sustainability of their research program by renewal of the NIH award and/or by garnering a second distinct NIH grant and/or another nationally competitive, peer reviewed grants. The latter may include support from prominent national charitable foundations (*e.g.*, American Heart Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. Specific representative metrics are given in Table 1. Evidence of scholarship below what is listed in Table 1 does not preclude a positive promotion decision and evidence of scholarship above what is listed in Table 1 does not guarantee a favorable tenure decision.

As noted, faculty members are encouraged to collaborate with other investigators and are encouraged to meet the requirement for extramural support for their research as a one of several program directors or principal investigators on network-type or center grants (multiple-PD/PI) or, in some circumstances, by serving as a co-investigator on multiple NIH grants. For clinicians, sustained funding through pharmaceutical or instrumentation companies for investigator initiated proposals is acceptable. Similarly, faculty members who generate support

for their research programs through creation of patents that generate licensing income or spin-off companies which meet the equivalent criteria of extramural funding.

Beyond basic and translational laboratory investigation, development of innovative programs in clinical science, public health and community research, comparative effectiveness research, implementation science, and diffusion research are acceptable fields of inquiry.

Although the total body of scholarship over the course of a career is considered in promotion and tenure decisions, the highest priority is placed on scholarly achievements while a faculty member at The Ohio State University. It should be appreciated that evidence of scholarship below the specified range does not preclude a positive promotion decision and that scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or in the context of poor performance in other areas.

Entrepreneurship is a special form of scholarship valued by the department. Entrepreneurship includes patents and licenses of invention disclosures, software development, and materials transfers (e.g., novel plasmids, transgenic animals, cell lines, antibodies, and similar reagents), technology commercialization, formation of startup companies and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the College of Medicine will analyze these flexibly. Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer-reviewed manuscript, licensing activities that generate revenues should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. These entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion and tenure. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are also highly supportive of teaching excellence. A faculty member may also demonstrate a favorable impact on teaching and training programs, including curricular innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of impactful, innovative programs that integrate teaching, research and patient care are valued.

Teaching excellence is most commonly demonstrated through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards F31, F32 or other mentored fellowship awards for graduate students or postdoctoral fellows is highly valued as a teaching and mentoring activity.

Service: Service includes administrative service to OSU, excellent patient care, program development, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to Department, College of Medicine, hospital, and/or University committees and affirmative action or mentoring activities. Evidence of professional service to the faculty member's discipline can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. Evidence of the provision of professional expertise to public and private entities

beyond the University includes: reviewers of proposals, external examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

Table 1 below provides a summary of expected benchmarks for promotion to associate professor with tenure.

Table 1: Summary of representative metrics used to assess suitability for promotion to the rank of Associate Professor with tenure. Thresholds are for new accomplishments since previous academic appointment.

Track	Peer-review publications	Research Funding and Programmatic Development
Basic Science	Greater than, or equal to, 25 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 20 since appointment as an assistant professor at OSU.	PI on one renewed R01 <u>or</u> PI on one additional new R01
Clinical Science	Greater than, or equal to, 25 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 20 since appointment as an assistant professor at OSU.	PI on one renewed competitive national grant <u>or</u> PI on one additional new competitive national grant <u>or</u> Co-I on a new R01.

b. ASSOCIATE PROFESSOR WITHOUT TENURE

Criteria for promotion to Associate Professor without Tenure will require a level and pattern of achievement that demonstrates that the candidate is making significant progress toward tenure, but has not yet achieved all the requisite criteria for promotion with tenure. It is expected that promotion to Associate Professor without tenure will be common in the in the College of Medicine among scholars with significant clinical responsibilities prior to completion of the 11 year probationary period. A department may propose a faculty member for promotion consideration (without tenure) in cases where a faculty member is making progress but has not achieved the necessary requirements for tenure. In addition, faculty committees (at the Department of College) or administrators (Chair or Dean) may determine that a faculty member’s accomplishments do not merit tenure and may recommend promotion without tenure even if a faculty member has requested promotion with tenure. Promotion without tenure may only occur if a candidate is not in the mandatory review year. If a clinician candidate is promoted without tenure, the tenure review must occur within six years, and no later than the mandatory review year, whichever comes first.

Scholarship: Qualitative indicators consistent with promotion without tenure might include an advancing record of scholarly excellence that demonstrates substantial progress toward meeting the scholarship expectations for the award of tenure. This may be demonstrated by publications in high quality peer-reviewed journals, evidence of emerging external recognition, and progress toward an extramurally supported research program. An example might be clear evidence of escalating productivity late in the interval of probationary status, indicating acquisition of momentum that will propel the candidate toward the sustained record of productivity required

for promotion. Publications in journals of lesser impact that reflect the preliminary stages of development of a research career, or a predominance of publications in which the candidate is not first or senior author are also examples. Criteria for a promising trajectory in extramural funding might be reflected by serving as a PI or multiple-PD/PI on a new NIH grant award, as co-investigator on several NIH projects, as PI on local extramural grants, or as local principal investigator for multi-center clinical trials may also meet the requirement of extramural funding (moved from the promotion w/tenure section). Evidence of an emerging national recognition might include invitations to lecture at statewide or regional institutions or scientific meetings. Although the quality of scholarship is of the utmost importance, quantity is also important, and the record of accomplishment should demonstrate discovery of a substantial body of important, new knowledge. Specific representative metrics are given in Table 2. Evidence of scholarship below what is listed in Table 2 does not preclude a positive promotion decision and evidence of scholarship above what is listed in Table 2 does not guarantee a favorable tenure decision.

Teaching and Mentoring: Indicators of teaching consistent with promotion without tenure might include a record of teaching excellence involving a single group of trainees, a clear trend of improving teaching evaluations, or divisional (as opposed to department or college-wide) teaching awards. Teaching excellence may also be demonstrated through evaluations for presentations at other academic institutions, scientific or professional societies, or other hospitals.

Service: Indicators of service consistent with promotion without tenure might include an insufficient volume of outstanding service; or service as a member or chair of committees within the Department or College, but the absence of significant service roles at the national level. This might also include activities as an ad hoc reviewer for journals, or service on the advisory board for local organizations.

Table 2 below provides a summary of expected benchmarks for promotion to associate professor without tenure.

Table 2: Summary of representative metrics used to assess suitability for promotion to the rank of Associate Professor without tenure. Thresholds are for new accomplishments since previous academic appointment.

Track	Peer-review publications	Research Funding and Programmatic Development
Basic Science	Greater than, or equal to, 15 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 16 since appointment as an assistant professor at OSU.	PI on one new R01
Clinical Science	Greater than, or equal to, 15 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 16 since appointment as an assistant professor at OSU.	PI on one new competitive national grant.

c. PROMOTION TO PROFESSOR (TENURE-TRACK)

Faculty Rule [3335-6-02](#) establishes the following general criteria for promotion to the rank of professor:

Promotion to the rank of professor must be based on convincing evidence that the faculty member has a sustained record of excellence in teaching; has produced a significant body of scholarship that is recognized nationally or internationally; and has demonstrated leadership in service.

Awarding promotion to the rank of Professor with tenure must be based upon clear and unambiguous evidence that the candidate has a sustained, eminent record of achievement recognized nationally and internationally. The general criteria for promotion in scholarship, teaching and service require more advanced and sustained quantity, quality and impact than that required for promotion to associate professor. Importantly, the standard for external reputation is substantially more rigorous than for promotion to Associate Professor with tenure. This record of excellence must be evident from activities undertaken and accomplishments achieved since being appointed or promoted to the rank of associate professor.

Scholarship: A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an Associate Professor is required for promotion to Professor (see table 3); 30-50 papers with a mean impact factor of 1 to 5 or an H- index of 20 or more is recommended. Candidates for promotion to professor should ideally have 15-25 peer-reviewed publications since their promotion to associate professor. Clear evidence of an international reputation including: election to a leadership position in an international society or repetitive appointments to a national office, service as a national committee or task force chair, chair of an NIH or other federal review panel, regular membership on an NIH study section, peer recognition or awards for research, and editorships and lectures in international venues. Candidates for promotion will be expected to have developed and maintained nationally competitive and peer reviewed extramural funding to support their research program including sustained NIH funding. At a minimum, basic science candidates for promotion to professor should be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH awards. For clinician scientists seeking promotion to professor accommodation should be made in their grant requirements based on their clinical duties.

Teaching and Mentoring: A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. Evidence for exemplary teaching includes outstanding student and peer evaluations, course or workshop leadership and design, a training program directorship, teaching awards, and organization of national course and curricula and participation in specialty boards or Residency Review Committees of the Accreditation Council for Graduate Medical Education. Active participation as a mentor in training grants such as NIH T32 or K-awards is highly valued as a teaching and mentoring activity.

Mentorship of junior faculty may also demonstrate teaching excellence. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates should evidence mentoring relationships by providing mentees' evaluations.

Service: Promotion to the rank of Professor requires service with distinction to the COM, OSU, and in national and international professional societies. Service can include leadership roles on OSU committees, in professional organizations and journal editorships. Evidence of

the provision of professional expertise could include roles as a board examiner, service on panels and commissions, program development, and professional consultation to industry, government, and education.

Table 3: Summary of representative metrics used to assess suitability for promotion to the rank of Professor with tenure. Thresholds are for new accomplishments since previous academic appointment.

Track	Peer-review publications	Research Funding and Programmatic Development
Basic Science	Greater than, or equal to, 25 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 20 since promotion to associate professor.	PI on one renewed R01 <u>and</u> PI on one additional new R01
Clinical Science	Greater than, or equal to, 25 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 20 since promotion to associate professor.	PI on one renewed competitive national grant <u>or</u> PI on one additional new competitive national grant <u>and</u> Co-I on a new R01.

2. PROMOTION OF CLINICAL FACULTY

Clinical faculty members have a greater responsibility for clinical teaching and patient care than individuals in the Tenure-track. Clinical faculty members are not eligible for tenure. The criteria in the categories of teaching and service are, for the most part, similar to those for the Tenure-track for each faculty rank, although there is greater emphasis on teaching, service and patient care, and less emphasis on traditional scholarship.

Clinical Faculty members may continue their service to the Department and the University without ever seeking promotion to the next higher faculty rank, simply through repeated reappointment at the same level. However, the goals and objectives of the College and the University are best served when all faculty members strive for continued improvement in all academic areas as measured by meeting or exceeding the requirements for promotion to the next faculty rank.

The awarding of promotion to the rank of Associate Professor in the Clinical faculty must be based upon clear and convincing evidence that that the candidate has developed a national level of impact and recognition since being appointed to the rank of Assistant Professor. Clinical faculty members typically pursue careers as clinician scholars or clinician educators.

a. ASSOCIATE PROFESSOR, CLINICIAN-EDUCATOR PATHWAY

The awarding of promotion to the rank of Associate Professor on the Clinician-Educator Pathway should be based upon clear and convincing evidence that that the candidate has established a national level of impact and recognition since being appointed to the rank of Assistant Professor.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are necessary

evidence of teaching excellence. Candidates should demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of impactful, innovative programs that integrate teaching, research and patient care are particularly valued. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity.

Service: Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include membership on department, College, hospital, or University committees, affirmative action or mentoring activities.

Scholarship: The candidate should demonstrate contributions to scholarship since appointment as assistant professor at Ohio State as reflected by primary or senior authorship of peer-reviewed journal publications (5-10) and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules.

Table 4: Summary of representative metrics used to assess suitability for promotion to Associate Professor on the Clinician Educator Pathway. Thresholds are for new accomplishments since previous academic appointment.

Peer-review publications	Research Funding and Programmatic Development
Greater than, or equal to, 5 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 10 since being appointed as assistant professor at OSU.	Co-Investigator on one new educational competitive national grant.

b. PROFESSOR, CLINICIAN-EDUCATOR PATHWAY

The awarding of promotion to the rank of Professor on the Clinician-Educator pathway must be based upon clear and convincing evidence that that the candidate has developed a national level of impact and recognition since being appointed to the rank of Associate Professor.

Teaching and Mentoring: A distinctive record of sustained superlative teaching and mentoring excellence is required for promotion. Excellence is demonstrated by sustained positive evaluations by students, residents, fellows, local colleagues and national peers. Multiple teaching awards and other honors are indicative of this level of teaching excellence. Candidates must demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of multiple impactful, innovative programs that integrate teaching, research and patient care are valued. Teaching excellence may also be demonstrated through participation in specialty boards such as Resident Review Committees, specialty boards and the Accreditation Council for Graduate Medical Education.

Mentorship of junior faculty may also demonstrate teaching excellence. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates should evidence mentoring relationships by providing mentees' evaluations.

Service: Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service can include appointment or election to College, hospital, and/or University committees and affirmative action or mentoring activities. Evidence of professional service to the faculty member's discipline should include journal editorships, and offices held and other service to national professional societies.

Scholarship: The candidate must demonstrate sustained contributions to scholarship since being promoted to associate professor as reflected by primary or senior authorship of peer-reviewed journal publications (10-20) and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules.

Table 5: Summary of representative metrics used to assess suitability for promotion to Professor on the Clinician Educator Pathway. Thresholds are for new accomplishments since previous academic appointment.

Peer-review publications	Research Funding and Programmatic Development
Greater than, or equal to, 5 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 14 since being promoted to associate professor.	Co-Investigator on one additional new Educational competitive national grant <u>and</u> successful development of significant new Educational program.

c. ASSOCIATE PROFESSOR, CLINICIAN-SCHOLAR PATHWAY

The awarding of promotion to the rank of Associate Professor on the Clinician-Scholar pathway must be based upon clear and convincing evidence that that the candidate has developed a national level of impact and recognition since being appointed to the rank of Assistant Professor (see Table 6).

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are also supportive of teaching excellence. Teaching excellence must be demonstrated through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is very highly valued as a teaching and mentoring activity.

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in

clinical trials. For example, 10-15 peer reviewed publications including multi-center clinical trial papers, since being appointed as an assistant professor at Ohio State. Again, participation in collaborative, multidisciplinary research and team science is highly valued even though it may result in “middle” authorship, as long as the faculty member’s unique contribution can be discerned. Faculty should have acquired external funding in support of their program of scholarship. Candidates should have a track record of being investigators in foundation, industry or NIH studies. Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VII [Criteria for promotion to Associate Professor with tenure] above, and will be viewed most favorably.

Table 6: Summary of representative metrics used to assess suitability for promotion to Associate Professor on the Clinician Scholar Pathway. Thresholds are for new accomplishments since previous academic appointment.

Peer-review publications	Research Funding and Programmatic Development
Greater than, or equal to, 10 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 12 since being appointed as an assistant professor at OSU.	Co-Investigator on one new competitive national grant.

d. PROFESSOR, CLINICIAN-SCHOLAR PATHWAY

The awarding of promotion to the rank of Professor on the Clinician-Scholar pathway must be based upon clear and convincing evidence that that the candidate has developed a national or international level of recognition or national leadership since being appointed to the rank of Associate Professor (see Table 7).

Teaching and Mentoring: A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. The faculty member should have made unique and impactful contributions to the teaching mission as an Associate Professor. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity.

Mentorship of junior faculty may also demonstrate teaching excellence. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates should evidence mentoring relationships by providing mentees’ evaluations.

Service: Promotion to the rank of Professor requires service with distinction to the College of Medicine, OSU, or in a national context. The faculty member should have made new and impactful service contributions as an Associate Professor. Candidates should have led the development of new and innovative clinical or clinical research programs which received national recognition and participated in leadership positions of learned academic education professional societies.

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in

clinical trials. For example, 10-15 peer review publications in journals, including multi-center clinical trial papers, since being promoted to associate professor. Faculty members should ideally have been co-investigators on multiple NIH, Pharma, or major national clinical trials. Entrepreneurship and inventorship are also evidence of scholarly activity and will be viewed most favorably.

Table 7: Summary of representative metrics used to assess suitability for promotion to Professor on the Clinician Scholar Pathway. Thresholds are for new accomplishments since previous academic appointment.

Peer-review publications	Research Funding and Programmatic Development
Greater than, or equal to, 10 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 16 since being promoted to associate professor.	Co-Investigator on one additional new competitive national grant.

e. ASSOCIATE PROFESSOR, CLINICAL EXCELLENCE PATHWAY

In the circumstance where individuals are assigned major responsibilities (90% time or greater) for clinical care and clinical administrative activities, faculty members may seek promotion for excellence in activities categorized as “scholarship of practice” (or “scholarship of application”). The clinical time commitment of these individuals may not allow the achievement of personal national recognition for their accomplishments; however, their unique contributions serve to enhance the national recognition of the Medical Center or their assigned hospital. For these individuals, their contribution to the regional and national recognition of the Medical Center may serve as a proxy for individual national recognition.

Metrics should include consistent rankings among the Nation’s elite in the Castle-Connolly or U.S. News Physicians Survey, or similar (Best Doctors, Inc.). At a minimum they should demonstrate:

- a) Referral patterns from beyond the typical distribution for their discipline (demonstrates a reputation external to our organization as “best in class”).
- b) Referral of the most complex and sickest patients (identifies those physicians with clinical skills beyond their peers).
- c) Multiple lines of evidence supporting excellence in clinical performance, including clinical measures such as quality indicators, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
- d) Establishment of quality improvements or systems-based changes that result in enhancement of the care provided to OSU Medical Center patients.
- e) A sustained track record of exemplary clinical leadership and unique program development within the institution.
- f) Demonstration of dissemination of peer reviewed data and expertise in the form of Grand Rounds, clinical practice guidelines, seminars, podcasts, websites, small group activities with peer reviewed data and internal benchmarking.

- g) Demonstration of collaboration with researchers and educators in the department and beyond.

The awarding of promotion to the rank of Associate Professor on the Clinical Excellence Pathway for individuals with heavy clinical responsibilities (but without national recognition) must be based upon clear and convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual faculty member's scope or sphere of influence. Promotion will not be granted purely on the basis of length of service to the institution or satisfactory job performance.

One of the most important measures of excellence in the scholarship of practice would be evidence that activities or innovations of an individual faculty member have contributed to a change in the scope and the nature of practice in his or her own discipline. Another piece of evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems. A faculty member who appears to qualify for this special circumstance should have supportive annual evaluations (and a more detailed review for reappointment in the penultimate year of contract).

For the Department of Radiology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to associate professor on the Clinical Excellence Pathway.

Evidence of commitment to the provision of service to the institution, the community or the profession, as reflected by:

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Evidence of a high-level of clinical competence as demonstrated by 95% compliance with specialty specific measures.
5. Evidence of a high level of patient service as demonstrated by patient satisfaction scores at or above the 90th percentile.
6. Clinical productivity as measured by work RVUs according to benchmarks at the 75th percentile or above with full recovery of salary, retirement and benefits from clinical service.
7. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds.
8. Other meritorious community service activities.
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors (see Appendix D).
10. Evidence of clinical excellence:
 - a) Patients from outside our primary service area regularly are referred specifically to, or seek care from the faculty member.
 - b) Evidence that a faculty member is regularly consulted by physicians from outside our primary service area.
 - c) Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member.
 - d) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.

- e) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
- f) Evidence that the faculty member regularly participates as an instructor in regional or national courses or seminars.
- g) Selection for Best Doctors lists.

f. PROFESSOR, CLINICAL EXCELLENCE PATHWAY

The awarding of promotion to the rank of Professor in the Clinical Excellence Pathway must be based upon clear and convincing evidence that that the candidate's work has developed a national impact and consistent recognition for clinical excellence and innovation since being appointed to the rank of Associate Professor. For promotion to Professor the candidate should have a high level of national reputation including referrals for clinical service, or involvement in national programs or specialty associations. Metrics should include consistent rankings among the Nation's elite in the Castle and Connelly or U.S. News Physicians Survey or similar (Best Doctors, Inc.) or clear evidence that they receive patient referrals from throughout the State of Ohio or national awards for clinical excellence and innovation are clear indicators of achievement.

For the Department of Radiology, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to professor on the Clinical Excellence Pathway.

Evidence of commitment to the provision of service to the institution, the community or the profession, as reflected by:

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Evidence of a high-level of clinical competence as demonstrated by 95% compliance with specialty specific measures.
5. Evidence of a high level of patient service as demonstrated by patient satisfaction scores at or above the 90th percentile since promoted to associate professor.
6. Clinical productivity as measured by work RVUs according to benchmarks at the 75th percentile or above since promoted to associate professor with full recovery of salary, retirement and benefits from clinical work.
7. Recognition in the Castle and Connelly or U.S. News Physicians Survey or similar (Best Doctors, Inc.) etc. or clear evidence that they receive patient referrals from throughout the State of Ohio or national awards for clinical excellence and innovation are clear indicators of achievement. (see #11)
8. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds.
9. Other meritorious community service activities.
10. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
11. Evidence of national reputation of clinical excellence:
 - a) Patients from outside our primary service area regularly are referred specifically to, or seek care from the faculty member.
 - b) Evidence that a faculty member is regularly consulted by physicians from outside our primary service area.

- c) Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member.
- d) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.
- e) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
- f) Evidence that the faculty member regularly participates as an instructor in regional or national courses or seminars.
- g) Selection for Best Doctors lists.

3. PROMOTION OF RESEARCH FACULTY

The criteria for promotion focus principally on the category of research, and the standards are comparable to those used for the Tenure-track for each faculty rank.

a. RESEARCH ASSOCIATE PROFESSOR

The following will constitute accomplishments of individuals worthy of promotion to associate professor.

Teaching: No requirements.

Research and Scholarship Evidence of ongoing, continuous development of research ability and reputation, as reflected by the following:

1. Peer reviewed publications in prestigious journals, the majority of which are first-authored or senior authored. As a guideline the successful candidate should have 25 or greater publications since the OSU appointment in journals with average impact factors greater than 1.2 or an H-index of 20 or above.
2. Presentation of scholarly work at local, regional, national or international forums.
3. Evidence of external funding as a principal investigator on one R-01 equivalents with other grants or patent generating licensing income to the Department. Ideal candidate will have evidence of 100% salary recovery.
4. Development of an area of research or scholarship with growing national recognition.
5. Participation on national research review panels such as NIH study sections.
6. Service on editorial board of journal(s).
7. Publications of book(s).
8. Publication of chapter(s) in books.

(To reach the associate professor level the candidate should have evidence of accomplishments in #1- #5.

Service: Evidence of commitment to the provision of service to the institution, the community or the profession, as reflected by:

1. Direction/operation of a service laboratory for division, department, hospital, college, university or professional organization.
2. Active participation in divisional, departmental, college or university committee functions.
3. Active participation in committee functions for local, regional or national organizations.
4. Other meritorious community service activities.
5. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors (see Appendix D).

(To reach the associate professor level the faculty member is expected to achieve accomplishments #2, #3 and #6, at a minimum.)

Table 8: Summary of representative metrics used to assess suitability for promotion to Associate Professor on the Research Pathway. Thresholds are for new accomplishments since previous academic appointment.

Peer-review publications	Research Funding and Programmatic Development
Greater than, or equal to, 25 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 20 since appointment as assistant professor at OSU.	PI on one new R01 <u>or</u> PI on one renewed R01

b. RESEARCH PROFESSOR

The following will constitute characteristics of individuals worthy of promotion to research professor.

Teaching: No requirements.

Research and Scholarship:

1. Peer reviewed publications in prestigious journals, the majority of which are first-authored or senior authored. As a guideline the successful candidate should have 50-70 papers, of which 25-35 occurred since appointment as associate professor, in journals with impact factors greater than 1.2 or an H- index of 20.
2. Presentation of scholarly work at local, regional, national or international forums.
3. Evidence of external funding as a principal investigator on 2 R-01 equivalents and other grants or two or more patents yielding licensing income with full salary recovery. The candidate will have 100% salary recovery.
4. Development of an area of research or scholarship with growing national recognition.
5. Participation on national research review panels such as NIH study sections.
6. Service on editorial board of journal(s).
7. Publications of book(s).
8. Publication of chapter(s) in books.

(To reach the professor level the candidate should have evidence of accomplishments in #1 - #6.)

Service: Evidence of ongoing commitment to the provision of service to the institution, the community or the profession, as reflected by:

1. Direction/operation of a service laboratory for division, department, hospital, college, university or professional organization.
2. Chairman or divisional, departmental, college or university committee functions.
3. Leadership role in committee functions for local, regional or national organizations.
4. Elected office in national or international professional organizations.
5. Prominent role in meritorious community service activities.
6. Leadership role in the department.
7. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.

(To reach the professor level, the faculty member is expected to achieve at a minimum #2, #3, #6, and #7.)

Table 9: Summary of representative metrics used to assess suitability for promotion to Professor on the Research Pathway. Thresholds are for new accomplishments since previous academic appointment.

Peer-review publications	Research Funding and Programmatic Development
Greater than, or equal to, 25 in journals with average impact factors greater than, or equal to, 1.2 or an H-index greater than, or equal to, 20 since being promoted to associate professor.	PI on one new R01 <u>and</u> one renewed R01

B. PROCEDURES

Promotion and Tenure, and promotion review procedures must be fully consistent with those set forth in University Rule [3335-6-04](#) and with the Office of Academic Affairs annually updated procedural guidelines for promotion and tenure reviews found in [Volume 3](#) of the [Policies and Procedures Handbook](#). The basic requirements for promotion and tenure reviews are outlined in the following paragraphs.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised, balancing (where appropriate) heavier commitments and responsibilities in one area of performance against lighter commitments and responsibilities in another. The Department of Radiology is comprised of a wide array of professional disciplines. Care must be taken to apply the criteria for appointment and promotion with sufficient flexibility. In all instances, superior intellectual attainment, in accordance with the criteria set forth, is an essential qualification for appointment and promotion to all faculty positions. Insistence upon this standard for continuing members of the faculty is necessary for the maintenance and enhancement of the University as an institution dedicated to the discovery and transmission of knowledge.

1. CANDIDATE RESPONSIBILITIES

Candidates are responsible for utilizing Office of Academic Affairs's electronic format to submit a complete, accurate dossier fully consistent with Office of Academic Affairs guidelines. Candidates should not sign the Office of Academic Affairs Candidate Checklist without ascertaining that they have fully met the requirements set forth in the core dossier outline including, but not limited to, those highlighted on the checklist.

Candidates are responsible for submitting a copy of the department's APT document under which they wish to be reviewed. Candidates may submit the department's current APT document; or, alternatively, they may elect to be reviewed under either (a) the APT document that was in effect on their start date, or (b) the APT document that was in effect on the date of their last promotion, whichever of these two latter documents is the more recent. However, the current APT document must be used if the letter of offer or last promotion, whichever is more recent, was more than 10 years before April 1 of the review year. This must be submitted when the dossier is submitted to the department.

Candidates are responsible for reviewing the list of potential external evaluators developed by the department chair and the Promotion and Tenure Committee. The candidate may add no more than three additional names, but is not required to do so. The candidate may request the removal of no more than two names, providing the reasons for the request. The department chair decides whether removal is justified. (Also see External Evaluations below.)

2. APPOINTMENT, PROMOTION AND TENURE COMMITTEE RESPONSIBILITIES

The recommended responsibilities of the Appointment, Promotion and Tenure Committee are as follows:

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually, in spring semester, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only professors on the committee may consider promotion review requests to the rank of professor. A simple majority of those eligible to vote on a request must vote affirmatively for the review to proceed.
 - The committee bases its decision on assessment of the record as presented in the faculty member's CV and on a determination of the availability of all required documentation for a full review (student and peer evaluations of teaching). Lack of the required documentation is necessary and sufficient grounds on which to deny a non-mandatory review.
 - A tenured faculty member may only be denied a formal promotion review under Faculty Rule [3335-6-04](#) for one year. If the denial is based on lack of required documentation and the faculty member insists that the review go forward in the following year despite incomplete documentation, the individual should be advised that such a review is unlikely to be successful.
 - Consistent with Office of Academic Affairs policy, only faculty members who are citizens or permanent residents of the United States may be considered for non-mandatory tenure review. The committee must confirm with the Department Chair that an untenured faculty member seeking non-mandatory tenure review is a U.S. citizen or

permanent resident (has a "green card"). Faculty members not eligible for tenure due to lack of citizenship or permanent residency are moreover not considered for promotion by this department.

- A decision by the committee to permit a review to take place in no way commits the eligible faculty, the department chair, or any other party to the review to making a positive recommendation during the review itself.
- Annually, in late spring through early autumn semester, to provide administrative support for the promotion and tenure review process as described below.
 - **Late spring:** Select from among its members a Procedures Oversight Designee who will serve in this role for the following year. The Procedures Oversight Designee cannot be the same individual who chairs the committee. The Procedures Oversight Designee's responsibilities are described in the Office of Academic Affairs annual procedural guidelines.
 - **Late spring:** Suggest names of external evaluators to the department chair.
 - **Summer:** Gather internal evidence of the quality of the candidate's teaching, scholarship, and service from students and peers, as appropriate, within the department.
 - **Early autumn:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with Office of Academic Affairs requirements; and work with candidates to assure that needed revisions are made in the dossier before the formal review process begins.
 - Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on his or her dossier. This meeting is not an occasion to debate the candidate's record.
 - To make adequate copies of each candidate's dossier available in an accessible place for review by the eligible faculty at least two weeks before the meeting at which specific cases are to be discussed and voted.
 - Draft an analysis of the candidate's performance in teaching, scholarship and service to provide to the full eligible faculty with the dossier; and seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.
 - Revise the draft analysis of each case following the faculty meeting, to include the faculty vote and a summary of the faculty perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the department chair.
 - Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier.
 - Provide a written evaluation and recommendation to the department chair in the case of joint appointees whose tenure-initiating unit is another department. The full eligible faculty does not vote on these cases since the department's recommendation must be provided to the other tenure-initiating unit substantially earlier than the committee begins meeting on this department's cases.

3. ELIGIBLE FACULTY RESPONSIBILITIES

The responsibilities of the members of the eligible faculty are as follows:

- To review thoroughly and objectively every candidate's dossier in advance of the meeting at which the candidate's case will be discussed.

- To attend all eligible faculty meetings except when circumstances beyond one's control prevent attendance; to participate in discussion of every case; and to vote.

4. DEPARTMENT CHAIR RESPONSIBILITIES

The responsibilities of the department chair are as follows:

- Where relevant, to verify the prospective candidate's residency status. Faculty members who are neither citizens nor permanent residents of the United States may not undergo a non-mandatory review for tenure, and tenure will not be awarded as the result of a mandatory review until permanent residency status is established. Faculty is not eligible for tenure or tenure review if they do not have citizenship or permanent residency status.
- **Late Spring Semester:** To solicit external evaluations from a list including names suggested by the Promotion and Tenure Committee, the chair and the candidate. (Also see External Evaluations below.)
- To solicit an evaluation from a TIU head of any department with which the candidate has a joint appointment.
- To remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.
- **Mid-Autumn Semester:** To provide an independent written evaluation and recommendation for each candidate, following receipt of the eligible faculty's completed evaluation and recommendation.
- To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the department review process:
 - of the recommendations by the eligible faculty and department chair
 - of the availability for review of the written evaluations by the eligible faculty and department chair
 - of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the department chair, for inclusion in the dossier.
- To provide a written response to any candidate comments that warrants response for inclusion in the dossier.
- To forward the completed dossier to the college office by that office's deadline, except in the case of associated faculty for whom the department chair recommends against promotion. A negative recommendation by the department chair is final in such cases.
- To write an evaluation and recommendation to the department chair of a tenure initiating unit recommending promotion for a joint appointee by the date requested.

5. EXTERNAL EVALUATIONS

External evaluations are obtained for all promotion and/or tenure reviews in which scholarship must be assessed. These include all tenure-track promotion and tenure or promotion reviews, all research appointment contract renewals and promotion reviews, and all compensated associated faculty promotion reviews. As described above, a list of potential evaluators is assembled by the Promotion and Tenure Committee, the department chair, and the candidate. If the evaluators suggested by the candidate meet the criteria for credibility, a letter is requested from at least one of those persons. Faculty Rule [3335-6-04](#) requires that no more than half the external evaluation letters in the dossier be written by persons suggested by the candidate.

A minimum of five credible and useful evaluations must be obtained. A credible and useful evaluation:

- Is written by a person highly qualified to judge the candidate's scholarship (or other performance, if relevant) who is not a close personal friend, research collaborator, or former academic advisor or post-doctoral mentor of the candidate. Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. The department will only solicit evaluations from professors at institutions comparable to Ohio State. In the case of an assistant professor seeking promotion to associate professor with tenure, a minority of the evaluations may come from associate professors.
- Provides sufficient analysis of the candidate's performance to add information to the review. A letter's usefulness is defined as the extent to which the letter is analytical as opposed to perfunctory. Under no circumstances will “usefulness” be defined by the perspective taken by an evaluator on the merits of the case.

Since the department cannot control who agrees to write and or the usefulness of the letters received, at least twice as many letters should be sought as are required, and they should be solicited no later than the end of the spring semester prior to the review year. This timing allows additional letters to be requested should fewer than five useful letters result from the first round of requests.

Templates for the solicitation of external letters of evaluation for faculty in the College of Medicine may be found at: <https://medicine.osu.edu/faculty/promotionandtenure/pages/faq.aspx>

Under no circumstances may a candidate solicit external evaluations or initiate contact in any way with external evaluators for any purpose related to the promotion review. If an external evaluator should initiate contact with the candidate regarding the review, the candidate must inform the evaluator that such communication is inappropriate and report the occurrence to the department chair, who will decide what, if any, action is warranted (such as requesting permission from the Office of Academic Affairs to exclude that letter from the dossier). It is in the candidate's self-interest to assure that there is no ethical or procedural lapse, or the appearance of such a lapse, in the course of the review process.

All solicited external evaluation letters that are received must be included in the dossier. If concerns arise about any of the letters received, these concerns may be addressed in the department's written evaluations or brought to the attention of the Office of Academic Affairs for advice.

C. DOCUMENTATION

Faculty members preparing their dossiers for promotion and/or tenure review should consult [Volume 3](#) of OAA's [Policies and Procedures Handbook](#) to ensure that all required documentation is included. Additionally, it is highly recommended that faculty members consult the college's Dossier Standardization Guidelines for information about how and where to enter information into the core dossier in alignment with college objectives.

While the Promotion and Tenure Committee makes reasonable efforts to check the dossier for accuracy and completeness, the candidate bears full responsibility for all parts of the dossier that are to be completed by the candidate.

The complete dossier, including the documentation of teaching noted in bold below, is forwarded when the review moves beyond the department. The documentation of scholarship and service noted below is for use during the department review only, unless reviewers at the college and university levels specifically request it.

- Any published materials presented for consideration should be in the form of reprints, photocopies of journal articles, or other final form that documents actual publication. An author's manuscript does not document publication.
- Under no circumstances should faculty solicit evaluations from any party for purposes of the review.

The following paragraphs provide suggested standards for documenting excellence in Teaching, Research and Scholarship, and Service. Additional standards are included in appendices attached to this document, the specific descriptions of initial appointments, and in the outlined criteria for promotion in other sections of this document.

1. TEACHING

Teaching is defined as imparting knowledge, experience, insight, and skill to other persons. In the Department of Radiology, teaching must be consistently effective and of high quality.

All Tenure-track and Clinical faculty members in the department must be engaged in teaching, development of the Department's and College's academic programs, and mentoring of students. Evidence of effective teaching must be demonstrated by documentation of teaching activities over a sustained period of time. The College's Office of Medical Education can provide assistance with appropriate documentation and assessment tools to be used in evaluation of teaching.

Evidence for effective teaching may be collected from multiple different sources including students, peers, self-evaluation and administrators. Student evaluations and peer evaluations, at a minimum, are required. Excellence is demonstrated by positive evaluations from students, residents, fellows, local colleagues and national peers. Faculty members may supplement the required assessment tool with others if they wish. Students must be provided an opportunity to assess the instructor and course using the required assessment tool in every regular classroom course. Guidelines must be established for the frequency with which required assessment tools should be administered in other types of instructional settings such as outpatient clinics, inpatient services, and the operating room. Regardless of the instructional setting, effort should be made to obtain evaluations from the largest number of students possible.

Typically, documentation of teaching for the promotion dossier will include the time period since the last promotion or the last five years, whichever is less:

- E-Value or MedStar evaluations.
- Peer evaluation of teaching reports as required by the department's peer evaluation of teaching program (details provided in the Appendix to this document).
- Teaching activities as listed in the core dossier including:
 - Involvement in graduate/professional exams, theses, and dissertations, and undergraduate research.
 - Mentoring postdoctoral scholars and researchers.
 - Extension and continuing education instruction.

- Involvement in curriculum development.
- Awards and formal recognition of teaching.
- Presentations on pedagogy and teaching at national and international conferences.
- Adoption of teaching materials at other colleges or universities.
- Other relevant documentation of teaching as appropriate.

Peer evaluation is required on a recurring basis for all faculty members. Peer evaluations may include internal, and/or external review of classroom instruction, clinical teaching and course materials such as syllabi, examinations and instructional materials including textbooks. Assessment by observation of classroom and clinical teaching is most useful when done systematically over time and conducted with the specific goal of offering constructive suggestions.

Other documentation of teaching may include an administrator's assessment of the candidate's teaching load, contribution to the teaching mission of the academic unit, and contribution to curriculum development. Evidence of the success of the candidate's former students including professional and graduate students and post-doctoral trainees should be documented.

2. SCHOLARSHIP

Scholarship is broadly defined as the discovery and dissemination of new knowledge by research, study and learning. In the Department of Radiology, a faculty member's scholarship must be demonstrated to be of high quality, significance and impact and related to the field of radiology

All tenure-track, clinical, and research faculty members must develop a record of scholarship that is documented by a body of original scholarly work over a period of time. The evidence for scholarship must refer to original, substantive works that are documented achievements. Recognition of the scholarly work must also be external to the University, residing in the scientific communities apropos to the faculty member's field of scholarship.

Evidence of scholarship can include: peer reviewed journal articles, bulletins and technical reports, original books and monographs, edited books, chapters in edited books, editor reviewed journal articles, reviews and abstracts, papers in proceedings, unpublished scholarly presentations, externally funded research, funded training grants, other funding for academic work, prizes and awards for research or scholarly or creative work, major professional awards and commendations. Evidence of scholarship may also include invited lectures at other universities, symposia, and conferences; invention disclosures, patent activity, entrepreneurship, technology commercialization, software development; editorship of a major collection of research work; leadership of advanced seminars and symposia under organizational sponsorship; and invitations to serve on national review bodies.

Documentation of scholarship also includes grants and contracts submitted and received, and a demonstration of the impact of the scholarship, as documented with citation data, impact factors, book distribution data or sales figures, adoption of texts or procedures by external departments or academic health centers, and so forth.

3. SERVICE

Service is broadly defined to include administrative service to the University, exemplary patient care, professional service to the faculty member's discipline, and the provision of professional

expertise to public and private entities beyond the University. In the College of Medicine, a candidate's service contributions must be demonstrated to be of high quality and effectiveness. All Tenure-track and Clinical faculty members must contribute to service as evidenced by documentation of contributions over a sustained period of time.

Evidence of administrative service to the University may include appointment or election to Department, College, and/or University committees, holding administrative positions; development of innovative programs, and participating in mentoring activities. Program Development, reflecting the integration of teaching, service and research in a specific content area, may be given special recognition and significance if desired by the Department. Evidence of professional service to the faculty member's discipline can include editorships of, or service as, a reviewer for journals or other learned publications; offices held and other service to professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes service as a reviewer of grants or other scholarly proposals, external examiner or advisor, a panel and commission participant, and as professional consultant to industry, government, and education. While provision of high-quality patient care is expected of all faculty members with clinical responsibilities, in and of itself it is insufficient for meeting the service requirement for Tenure-track and Clinical faculty.

VIII. APPEALS

Faculty Rule [3335-6-05](#) sets forth general criteria for appeals of negative promotion and tenure decisions. Appeals alleging improper evaluation are described in Faculty Rule [3335-5-05](#).

Disagreement with a negative decision is not grounds for appeal. In pursuing an appeal, the faculty member is required to document the failure of one or more parties to the review process to follow written policies and procedures.

IX. REVIEWS IN THE FINAL YEAR OF PROBATION

In most instances, a decision to deny promotion and tenure in the penultimate probationary year (11th year for faculty members with significant clinical responsibilities, 6th year for those without significant clinical responsibilities) is considered final. However, in rare instances in which there is substantial new information regarding the candidate's performance that is relevant to the reasons for the original negative decision, a seventh (or twelfth) year review may be conducted. The request for this review must come from the eligible faculty and the head of the Department, and may not come from the faculty member himself/herself. Details of the criteria and procedures for a review in the final year of probation are described in University Rule [3335-6-05](#) (B).

If a terminal year review is conducted by the Department and the College, it will be made consistent with the Department of Radiology's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by: (1) the College, (2) the [Rules of the University Faculty](#), (3) the Office of Academic Affairs, including the Office of Academic Affairs [Policies and Procedures Handbook](#), and (4) the Office of Human Resources.

X. PROCEDURES FOR STUDENT AND PEER EVALUATION OF TEACHING

A. STUDENT EVALUATION OF TEACHING

Use of the Student Evaluation of Instruction (eSEI) is required in formal courses offered in the College of Medicine. A faculty member should choose a day late in the semester when attendance is likely to be high if s/he is going to provide in-class time for students to complete the evaluation using a mobile application. The faculty member must leave the classroom during the time allotted for completing the evaluation. The faculty member should reiterate to students that the feedback provided in the evaluations is used both for performance reviews and to provide feedback that can be taken into account in future teaching.

A majority of student evaluations are performed by residents as they rotate through each section. Residents evaluate the faculty associated with each rotation at the end of every monthly rotation and all faculty at the end of every year. Medical students perform an evaluation at the end of every rotation.

B. PEER EVALUATION OF TEACHING

The Chair of Radiology oversees the Department's peer evaluation of teaching process which is implemented by the Vice Chair for Radiology Education. The Vice Chair for Radiology Education is appointed by the Chair of the Department for a one-year position reporting directly to the Department Chair; the position is renewable without term limit based on positive Annual Review. This Vice Chair assists the Chair in: 1. Ensuring the quality and competitiveness of the educational programs of the Department; 2. Participates in both education program planning and clinical operations planning to ensure seamless integration between the educational and clinical missions of the Department.

Teaching peer evaluation is performed at least once per year for each faculty member using a standardized form. The teaching moment may include a didactic lecture, online lecture, board review session, or a one-on-one review session of a resident readout. The form addresses knowledge, engagement, and opportunity for interaction, presentation, and effectiveness. Although there is no presumption that a peer reviewer must be of equal or higher rank than the faculty member being reviewed, such a model will be followed to the extent possible. Reviews conducted upon the request of the TIU head or the faculty member focus on the specific aspects of instruction requested by the TIU head or faculty member and may or may not include class visitations

XI. APPENDICES

A. GLOSSARY OF TERMS

Adjunct Faculty – 0% FTE, non-salaried or salaried, non-clinical associated faculty that participate in the education and training of medical students. (See also **Associated Faculty**). An adjunct appointment is not the same as a **Courtesy Appointment**.

APT – Appointments, Promotion and Tenure

Appointments, Promotion and Tenure Document – a document required of every Department and College that describes the guidelines that must be used for making appointments, and for faculty to achieve promotion and tenure.

Associated – faculty that are not tenure-track, clinical or research. These faculty fall into many sub-categories. (See also Clinical Associated Faculty, Adjunct Faculty, and full-time Paid Associated)

Clinical Associated Faculty – 0% FTE community physicians that participate in the education and training of medical students and residents. (See also **Full-time Paid Associated Faculty**)

Clinical Appointments – the faculty for physicians who primarily engage in clinical teaching and practice.

Courtesy Appointment – a no salary associated appointment for a faculty member from another academic department within the University. The title associated with the no salary appointment is always the same as the position.

Dossier – a document compiled by a promotion and/or tenure candidate to demonstrate achievement.

Eligible faculty – the faculty who are authorized vote on appointment, promotion and tenure matters. These faculty must be above the candidate's rank. Clinical and Research faculty may not vote on tenure-track faculty. Research faculty may not vote on Clinical faculty.

Exclusion of Time – the ability to have up to three years taken off the time clock toward achieving tenure

Faculty – the College of Medicine has four types of faculty appointments: Tenure-track, Clinical, Research, and the associated faculty

FTE – Full-time equivalent, the percentage of time worked expressed as a decimal. Full-time is 1.0, half-time is .5, and quarter-time is .25.

Full-time Paid Associated Faculty – 50-100% FTE physicians working within (and being paid solely by) the OSU Health System. (See also **Clinical Associated Faculty**)

Joint Appointment – when a faculty member's FTE (and salary support) is split between one or more academic departments it is considered to be a joint appointment. (See also **Courtesy Appointment**)

Mandatory review – a required 4th year, 8th year, tenure review, or reappointment review

MOU – Memorandum of Understanding – a document between two academic departments expressing how a faculty member's appointment, time, salary and other resources will be allocated and/or divided. (Used during transfer of TIU and for joint appointments.)

Non-mandatory review – voluntary promotion or tenure review

OAA – Office of Academic Affairs

Peer Review – evaluation of teaching by colleagues. Documentation of peer review is required for the promotion and tenure dossier.

Penultimate year – the next to last year of a contract, used to determine required clinical and research review dates

Prior Service Credit – Application of years of service at another institution in one rank applied to another rank when a faculty member is promoted For probationary Tenure-track appointments, prior service credit shortens the length of time that a faculty member has to achieve tenure by the amount of the credit and must be approved by the eligible faculty, the chair, the dean, and OAA..

Probationary period – the length of time in which a faculty member on the Tenure-track has to achieve tenure (6 years for faculty without clinical service, 11 years for faculty with significant patient clinical service responsibilities). It is also defined as the first contract for faculty on Clinical or Research appointments.

Promotion and Tenure Committee – the sub-committee of the eligible faculty that assists with the promotion and tenure process.

Reappointment Review – the review of a Clinical or Research faculty member in the penultimate year of their contract to determine if the contract will be renewed.

Research Appointments – the faculty for basic scientists who engage exclusively in research-based scholarship.

SEI – Student Evaluation of Instruction

Tenure – permanent employment status only granted to faculty on the Tenure-track when the probationary period is successfully completed

Tenure-track – the faculty track for basic scientists and physicians with a major focus of research-based scholarship.

TIU – Tenure Initiating Unit, usually synonymous with Department. Centers and Institutes are not Tenure Initiating Units

University Rules – or *Rules of the University Faculty* – The section of the Ohio Revised Code that prescribes the rules and governance of The Ohio State University and its employees.

B. SUMMARY OF RADIOLOGY P&T RESEARCH PUBLICATION/FUNDING METRICS

Route	Rank	Thresholds for New Accomplishments Since Previous Academic Appointment			
		Additional Required Manuscripts Impact Factor > 1.2 and	H Index	Additional Required Research Funding and Programmatic Development	
Tenure track: Focus Options	<u>Basic Science:</u> <i>Assoc Prof</i>	≥ 15 (since <i>Assist Prof</i>)	≥ 16	P-I on New R01	CNG = Competitive National Grant
	<u>Basic Science:</u> <i>Tenured Assoc Prof</i>	≥ 25 (since <i>Assist Prof</i>)	≥ 20	P-I on Renewed R01 <u>or</u> P-I on Additional R01	
	<u>Basic Science:</u> <i>Tenured Prof</i>	≥ 25 (since <i>Tenured Assoc Prof</i>)	≥ 20	P-I on Renewed R01 <u>and</u> P-I on Additional R01	
	<u>Clinical Science:</u> <i>Assoc Prof</i>	≥ 15 (since <i>Assist Prof</i>)	≥ 16	P-I on New CNG	
	<u>Clinical Science:</u> <i>Tenured Assoc Prof</i>	≥ 25 (since <i>Assist Prof</i>)	≥ 20	P-I on Renewed CNG <u>or</u> P-I on Additional CNG <u>or</u> Co-I on New R01	
	<u>Clinical Science:</u> <i>Tenured Prof</i>	≥ 25 (since <i>Tenured Assoc Prof</i>)	≥ 20	P-I on Renewed CNG <u>or</u> P-I on Additional CNG <u>and</u> Co-I on New R01	
Clinical: Pathways	<u>Scholar:</u> <i>Assoc Prof</i>	≥ 10	≥ 12	Co-I on New CNG	50% in Clinical Trials
	<u>Scholar:</u> <i>Prof</i>	≥ 10	≥ 16	Co-I on Additional CNG	
	<u>Educator:</u> <i>Assoc Prof</i>	≥ 5	≥ 10	Co-I on New Education CNG	Evidence of Excellence in Education required
	<u>Educator:</u> <i>Prof</i>	≥ 5	≥ 14	Co-I on Additional Education CNG <u>and</u> Successful development of significant new Education program	
	<u>Excellence:</u> <i>Assoc Prof</i>	*	*	*	* Recommend support of scholarly activities
	<u>Excellence:</u> <i>Prof</i>	*	*	*	
Research	<i>Assoc Prof</i>	≥ 25 (since <i>Assist Prof</i>)	≥ 20	P-I on Renewed R01 <u>or</u> P-I on Additional R01	
	<i>Prof</i>	≥ 25 (since <i>Assoc Prof</i>)	≥ 20	P-I on Renewed R01 <u>and</u> P-I on Additional R01	
Associated	<i>Assoc Prof</i>	*	*	*	* Recommend support of scholarly activities
	<i>Prof</i>	*	*	*	

C. MEDICAL JOURNAL IMPACT FACTORS

Journal Data Filtered By: Selected JCR Year: 2017 Selected Editions: SCIE Selected Categories: 'RADIOLOGY, NUCLEAR MEDICINE & MEDICAL IMAGING' Selected Category Scheme: WoS

Rank	Full Journal Title	ISSN	Total Cites	Journal Impact Factor	5-Year Impact Factor	Immediacy Index	Cited Half-Life	Eigenfactor Score	Article Influence Score
1	JACC-Cardiovascular Imaging	1936-878X	8,104	10.247	10.034	4.11	4.6	0.026360	3.865
2	European Heart Journal-Cardiovascular Imaging	2047-2404	4,630	8.336	6.167	1.397	2.8	0.020640	2.101
3	EUROPEAN JOURNAL OF NUCLEAR MEDICINE AND MOLECULAR IMAGING	1619-7070	14,983	7.704	6.553	2.156	6.2	0.024870	1.732
4	RADIOLOGY	0033-8419	54,109	7.469	7.964	1.735	>10.0	0.063710	2.499
5	JOURNAL OF NUCLEAR MEDICINE	0161-5505	27,101	7.439	6.893	2.474	7.9	0.037560	1.852
6	CLINICAL NUCLEAR MEDICINE	0363-9762	4,756	6.281	4.618	1.779	4.8	0.006950	0.880
7	INVESTIGATIVE RADIOLOGY	0020-9996	6,486	6.224	5.185	1.396	6.9	0.012410	1.715
8	Circulation-Cardiovascular Imaging	1941-9651	5,438	6.221	7.503	1.577	4.6	0.020160	2.931
9	IEEE TRANSACTIONS ON MEDICAL IMAGING ULTRASOUND IN OBSTETRICS & GYNECOLOGY	0278-0062 0960-7692	17,837 12,420	6.131 5.654	5.546 4.760	1.097 2.16	9.0 7.9	0.024200 0.018820	1.733 1.456
11	INTERNATIONAL JOURNAL OF RADIATION ONCOLOGY BIOLOGY PHYSICS	0360-3016	46,595	5.554	5.119	1.466	9.2	0.055060	1.509
12	JOURNAL OF CARDIOVASCULAR MAGNETIC RESONANCE	1097-6647	4,918	5.457	6.307	0.505	4.8	0.013530	1.945
13	NEUROIMAGE	1053-8119	92,719	5.426	7.079	1.405	7.5	0.152610	2.313
14	MEDICAL IMAGE ANALYSIS	1361-8415	6,383	5.356	5.417	2.007	6.6	0.011900	1.725
15	RADIOTHERAPY AND ONCOLOGY	0167-8140	17,184	4.942	4.987	0.99	6.7	0.027840	1.355
16	HUMAN BRAIN MAPPING	1065-9471	20,334	4.927	5.431	0.957	6.9	0.042810	1.894
17	SEMINARS IN NUCLEAR MEDICINE	0001-2998	2,285	4.558	3.727	2.041	8.2	0.002990	1.060
18	ULTRASCHALL IN DER MEDIZIN	0172-4614	2,201	4.389	4.942	1.207	5.1	0.004310	1.134
19	MAGNETIC RESONANCE IN MEDICINE	0740-3194	31,440	4.082	4.028	1.194	>10.0	0.034130	1.169
20	EUROPEAN RADIOLOGY	0938-7994	18,615	4.027	4.276	1.035	6.0	0.034120	1.213
20	SEMINARS IN RADIATION ONCOLOGY	1053-4296	2,480	4.027	4.724	0.714	8.7	0.003620	1.452
22	JOURNAL OF NUCLEAR CARDIOLOGY	1071-3581	3,508	3.847	3.398	1.552	5.6	0.004120	0.624
23	AMERICAN JOURNAL OF NEURORADIOLOGY	0195-6108	22,667	3.653	3.774	0.602	9.3	0.029840	1.176
24	JOURNAL OF MAGNETIC RESONANCE IMAGING	1053-1807	16,398	3.612	3.493	1.039	7.5	0.027440	1.132
25	MOLECULAR IMAGING AND BIOLOGY	1536-1632	2,415	3.608	2.900	0.886	4.8	0.005480	0.851
26	Biomedical Optics Express INTERNATIONAL JOURNAL OF HYPERTHERMIA	2156-7085 0265-6736	8,120 3,350	3.482 3.440	3.737 3.173	1.047 1.179	3.5 6.7	0.022750 0.004040	0.978 0.669
28	Journal of the American College of Radiology	1546-1440	3,228	3.383	2.963	0.835	4.2	0.007340	0.811
29	RADIOGRAPHICS	0271-5333	11,207	3.249	4.073	0.5	>10.0	0.008990	1.034
30	AMERICAN JOURNAL OF ROENTGENOLOGY	0361-803X	33,453	3.125	3.315	0.566	>10.0	0.031050	0.925
31	Journal of Cardiovascular Computed Tomography	1934-5925	1,608	3.095	3.248	0.675	4.3	0.004280	0.966
32	KOREAN JOURNAL OF RADIOLOGY	1229-6929	2,331	3.072	2.729	0.455	5.0	0.004670	0.665
33	NMR IN BIOMEDICINE	0952-3480	7,537	3.031	3.420	0.958	7.0	0.014150	1.193
34	CANCER IMAGING	1470-7330	1,150	3.016	2.678	0.323	5.6	0.002250	0.720
35	Contrast Media & Molecular Imaging	1555-4309	1,215	2.934	2.701	0.076	5.2	0.002490	0.677
36	MEDICAL PHYSICS	0094-2405	25,701	2.884	3.029	0.43	7.6	0.035220	0.818
37	Radiation Oncology	1748-717X	5,157	2.862	3.055	0.451	4.3	0.013540	0.796

38	EUROPEAN JOURNAL OF RADIOLOGY	0720-048X	12,571	2.843	2.824	0.368	5.8	0.025400	0.792
39	Clinical Neuroradiology	1869-1439	630	2.790	2.574	1.0	2.8	0.002090	0.829
40	JOURNAL OF VASCULAR AND INTERVENTIONAL RADIOLOGY	1051-0443	9,021	2.758	3.078	0.53	7.7	0.012460	0.830
41	JOURNAL OF NEURORADIOLOGY	0150-9861	949	2.706	2.098	0.4	6.1	0.001620	0.550
42	PHYSICS IN MEDICINE AND BIOLOGY	0031-9155	24,912	2.665	3.049	0.688	8.4	0.032160	0.858
43	ULTRASOUND IN MEDICINE AND BIOLOGY	0301-5629	10,316	2.645	2.620	0.559	8.1	0.013450	0.694
44	EJNMMI Research	2191-219X	1,110	2.630	2.499	0.505	3.5	0.004030	0.752
45	MAGNETIC RESONANCE IMAGING	0730-725X	7,194	2.564	2.874	0.407	8.6	0.011680	0.943
46	RADIATION RESEARCH	0033-7587	8,468	2.530	2.824	0.58	>10.0	0.006760	0.730
47	STRAHLENTHERAPIE UND ONKOLOGIE	0179-7158	2,820	2.459	2.155	0.596	6.1	0.004600	0.539
48	ABDOMINAL IMAGING	0942-8925	3,203	2.443	2.151	Available	6.3	0.005940	0.598
49	COMPUTERIZED MEDICAL IMAGING AND GRAPHICS	0895-6111	2,190	2.435	2.286	1.08	7.7	0.002730	0.566
49	Dose-Response	1559-3258	824	2.435	2.199	0.818	5.7	0.001320	0.530
51	ULTRASONICS	0041-624X	6,518	2.377	2.370	0.927	8.2	0.009140	0.630
52	QUARTERLY JOURNAL OF NUCLEAR MEDICINE AND MOLECULAR IMAGING	1824-4785	1,032	2.368	2.029	0.486	7.0	0.001450	0.513
53	JOURNAL OF BIOMEDICAL OPTICS	1083-3668	13,503	2.367	2.609	0.619	6.1	0.019540	0.582
54	NEURORADIOLOGY	0028-3940	5,420	2.346	2.533	0.429	9.8	0.007640	0.812
55	ULTRASONIC IMAGING	0161-7346	1,076	2.300	2.089	0.6	>10.0	0.000690	0.499
56	CLINICAL RADIOLOGY	0009-9260	6,234	2.282	2.057	0.664	8.6	0.008470	0.577
57	Physica Medica-European Journal of Medical Physics	1120-1797	1,915	2.240	2.198	0.562	2.8	0.005110	0.556
58	QUANTITATIVE IMAGING IN MEDICINE AND SURGERY	2223-4292	861	2.231	Not Available	0.466	3.2	0.002490	1.073
59	Brachytherapy	1538-4721	1,991	2.227	2.731	0.641	4.3	0.004240	0.617
60	CARDIOVASCULAR AND INTERVENTIONAL RADIOLOGY	0174-1551	5,429	2.210	2.387	0.478	6.1	0.009530	0.643
61	NUCLEAR MEDICINE AND BIOLOGY	0969-8051	3,880	2.203	2.186	0.66	8.4	0.004770	0.550
62	Journal of Contemporary Brachytherapy	1689-832X	556	2.146	1.858	0.346	2.6	0.001210	0.329
63	Diagnostic and Interventional Imaging	2211-5684	1,127	2.115	Not Available	0.56	3.1	0.003010	0.649
64	ACADEMIC RADIOLOGY	1076-6332	5,399	2.110	2.221	0.45	7.4	0.009190	0.691
65	INTERNATIONAL JOURNAL OF CARDIOVASCULAR IMAGING	1569-5794	2,951	2.036	1.856	0.555	4.5	0.008210	0.577
66	JOURNAL OF RADIATION RESEARCH	0449-3060	2,439	2.031	1.891	0.295	5.8	0.004140	0.460
67	INTERNATIONAL JOURNAL OF RADIATION BIOLOGY	0955-3002	4,307	1.970	1.742	0.66	>10.0	0.003240	0.387
68	International Journal of Computer Assisted Radiology and Surgery	1861-6410	2,099	1.961	2.118	0.495	3.8	0.004320	0.474
69	JOURNAL OF NEUROIMAGING	1051-2284	1,952	1.953	1.729	0.518	5.7	0.004640	0.602
70	Zeitschrift für Medizinische Physik	0939-3889	519	1.891	2.108	0.379	5.1	0.001450	0.715
71	DENTOMAXILLOFACIAL RADIOLOGY	0250-832X	2,617	1.848	2.157	0.368	7.9	0.003500	0.563
72	MAGNETIC RESONANCE MATERIALS IN PHYSICS BIOLOGY AND MEDICINE	0968-5243	1,473	1.832	2.190	0.365	7.4	0.003150	0.819
73	PEDIATRIC RADIOLOGY	0301-0449	6,350	1.826	1.765	0.556	9.1	0.008180	0.525
74	ACTA RADIOLOGICA	0284-1851	4,304	1.823	1.768	0.444	8.0	0.006360	0.503
75	Radiologia Medica	0033-8362	2,001	1.819	1.722	0.304	5.9	0.003590	0.457
76	BRITISH JOURNAL OF RADIOLOGY	0007-1285	8,804	1.814	2.286	0.319	8.5	0.013010	0.636
77	Magnetic Resonance Imaging Clinics of North America	1064-9689	931	1.740	1.630	0.204	7.4	0.001780	0.571

78	Radiology and Oncology	1318-2099	706	1.722	1.729	0.136	4.4	0.001390	0.372
79	RADIOLOGIC CLINICS OF NORTH AMERICA	0033-8389	2,441	1.695	1.866	0.453	9.4	0.002180	0.461
80	CANCER BIOTHERAPY AND RADIOPHARMACEUTICALS	1084-9785	1,619	1.682	1.759	0.178	7.6	0.001850	0.378
81	ANNALS OF NUCLEAR MEDICINE	0914-7187	2,133	1.656	1.664	0.412	6.7	0.003120	0.406
82	ROFO-FORTSCHRITTE AUF DEM GEBIET DER RONTGENSTRAHLEN UND DER BILDGEBENDEN VERFAHREN	1438-9029	1,462	1.636	1.400	0.582	8.0	0.002200	0.374
83	BMC MEDICAL IMAGING	1471-2342	815	1.635	1.854	0.261	5.0	0.001690	0.499
84	JOURNAL OF THORACIC IMAGING	0883-5993	1,311	1.624	1.780	0.44	7.5	0.002200	0.549
85	Diagnostic and Interventional Radiology	1305-3612	1,164	1.618	1.627	0.355	5.0	0.002300	0.396
86	SKELETAL RADIOLOGY	0364-2348	5,482	1.567	1.755	0.303	8.7	0.007550	0.515
87	JOURNAL OF DIGITAL IMAGING	0897-1889	1,680	1.536	1.713	0.422	6.1	0.002750	0.435
88	JOURNAL OF ULTRASOUND IN MEDICINE	0278-4297	6,500	1.530	1.889	0.316	8.3	0.008700	0.512
89	RADIATION AND ENVIRONMENTAL BIOPHYSICS	0301-634X	1,362	1.527	1.764	0.302	8.5	0.001740	0.498
90	SEMINARS IN MUSCULOSKELETAL RADIOLOGY	1089-7860	802	1.521	1.493	0.078	7.1	0.001310	0.427
91	Medical Ultrasonography	1844-4172	739	1.512	1.651	0.492	3.8	0.001750	0.373
92	Abdominal Radiology	2366-004X	533	1.506	1.514	0.553	1.3	0.001220	0.364
93	NUCLEAR MEDICINE COMMUNICATIONS	0143-3636	2,848	1.495	1.519	0.229	6.9	0.004230	0.384
94	Journal of Medical Imaging and Radiation Oncology	1754-9477	1,113	1.478	1.425	0.39	4.6	0.002660	0.385
95	Magnetic Resonance in Medical Sciences	1347-3182	649	1.455	1.535	0.66	5.3	0.001320	0.444
96	Molecular Imaging	1536-0121	1,134	1.414	2.005	0.286	7.2	0.001610	0.542
97	NUKLEARMEDIZIN-NUCLEAR MEDICINE	0029-5566	600	1.352	1.183	0.333	6.7	0.000760	0.259
98	Journal of Applied Clinical Medical Physics	1526-9914	2,182	1.301	1.595	0.15	4.3	0.005370	0.422
99	JOURNAL OF COMPUTER ASSISTED TOMOGRAPHY	0363-8715	5,296	1.292	1.409	0.207	>10.0	0.004040	0.384
100	NEUROIMAGING CLINICS OF NORTH AMERICA	1052-5149	1,102	1.275	1.567	0.326	8.7	0.001260	0.423
101	JOURNAL OF RADIOLOGICAL PROTECTION	0952-4746	984	1.274	1.374	0.246	6.0	0.002030	0.424
102	Revista Espanola de Medicina Nuclear e Imagen Molecular	2253-654X	435	1.202	1.063	0.463	4.1	0.000880	0.236
103	Journal of Innovative Optical Health Sciences	1793-5458	418	1.136	0.889	0.785	3.3	0.000640	0.168
104	Cancer Radiotherapy	1278-3218	812	1.128	0.838	0.208	4.5	0.001010	0.129
105	APPLIED RADIATION AND ISOTOPEs	0969-8043	7,237	1.123	1.144	0.279	8.3	0.009390	0.321
106	SEMINARS IN ULTRASOUND CT AND MRI	0887-2171	871	1.062	1.289	0.083	7.7	0.001110	0.340
107	Japanese Journal of Radiology	1867-1071	844	1.044	1.052	0.261	4.4	0.002060	0.267
108	INTERVENTIONAL NEURORADIOLOGY	1591-0199	1,027	1.021	1.038	0.222	6.2	0.001950	0.314
108	Ultrasound Quarterly	0894-8771	499	1.021	1.150	0.222	6.6	0.000720	0.291
110	CLINICAL IMAGING	0899-7071	1,911	1.014	1.040	0.302	5.0	0.003510	0.258
111	Hellenic Journal of Nuclear Medicine	1790-5427	410	1.008	1.095	0.068	4.5	0.000600	0.197
112	SURGICAL AND RADIOLOGIC ANATOMY	0930-1038	2,940	1.003	1.180	0.217	8.9	0.003150	0.294
113	CANADIAN ASSOCIATION OF RADIOLOGISTS' JOURNAL-JOURNAL DE L'ASSOCIATION CANADIENNE DES RADIOLOGISTES	0846-5371	508	1.000	1.012	0.19	5.7	0.000980	0.289
114	HEALTH PHYSICS	0017-9078	3,981	0.993	1.082	0.263	>10.0	0.003220	0.301
115	JOURNAL OF CLINICAL ULTRASOUND	0091-2751	2,101	0.978	0.933	0.178	>10.0	0.001870	0.254
116	SEMINARS IN INTERVENTIONAL RADIOLOGY	0739-9529	1,054	0.971	Not Available	0.0	6.7	0.001420	0.513

117	Medical Dosimetry	0958-3947	725	0.886	0.985	0.148	6.6	0.001100	0.243
118	RADIATION PROTECTION DOSIMETRY	0144-8420	5,823	0.822	0.899	0.517	9.9	0.006310	0.238
119	Journal of Medical Ultrasonics	1346-4523	342	0.677	0.627	0.385	4.2	0.000660	0.144
120	International Journal of Radiation Research	2322-3243	132	0.594	0.637	0.0	3.1	0.000270	0.102
121	Journal of Medical Imaging and Health Informatics	2156-7018	507	0.549	0.533	0.116	2.5	0.000970	0.081
122	Iranian Journal of Radiology	1735-1065	259	0.524	0.686	0.044	3.8	0.000710	0.173
123	SEMINARS IN ROENTGENOLOGY	0037-198X	417	0.429	0.671	0.086	>10.0	0.000380	0.173
124	RADIOLOGE	0033-832X	558	0.376	0.363	0.17	9.4	0.000480	0.074
125	Current Medical Imaging Reviews	1573-4056	303	0.299	0.574	0.034	6.9	0.000380	0.173
126	Journal of the Belgian Society of Radiology	1780-2393	24	0.270	0.317	0.214	Available	0.000050	0.068
127	RADIOPROTECTION	0033-8451	260	0.225	0.351	0.276	7.5	0.000240	0.086
128	JBR-BTR	1780-2393	239	0.195	0.344	Available	6.6	0.000350	0.090

D. AAUP STATEMENT ON PROFESSIONAL ETHICS

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.
3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.
4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.
5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

The statement above was originally adopted in 1966. Revisions were made and approved by the Association's Council in 1987 and 2009.