

**Pattern of Administration
for
the Department of Radiology
of
The Ohio State University College of Medicine**

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Pattern of Administration Department of Radiology

I. Introduction

This document provides an updated description of the Department of Radiology (from this point on, referred to as “Department”) and delineates the updated structure, guidelines, and procedures for administration of the Department (since last approved version on 06/08/15; https://oaa.osu.edu/sites/default/files/uploads/governance-documents/college-of-medicine/radiology/Radiology_POA_6-8-15.pdf). It supplements the Rules of the University Faculty and other policies and procedures of The Ohio State University (from this point on, referred to as “OSU”) to which the Department and its faculty are subject. OSU rules, policies, and procedures, and any modifications of them, take precedence over any statements in this document.

This Pattern of Administration (from this point on, referred to as “POA”) document is subject to continuing review and revision, as needed, under the guidance of the Chair of the Department. The POA must be reviewed and either revised or reaffirmed on appointment or reappointment of the Department Chair. All revisions, as well as periodic re-affirmation, are subject to approval by the OSU College of Medicine (from this point on, referred to as “OSUCOM”) and the OSU Office of Academic Affairs (from this point on, referred to as “OSUOAA”).

II. Department Missions/Goals

The Department is the component of OSUCOM providing sub-specialized professional support to the Imaging Program of OSU Wexner Medical Center (from this point on, referred to as “OSUWMC”). 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.

III. Academic Rights & Responsibilities

In April 2006, OSU issued a reaffirmation of Academic Rights and Responsibilities in addressing concerns [<http://oaa.osu.edu/rightsandresponsibilities.html>].

IV. Department Faculty

A. Appointments

Faculty Rule 3335-5-19 [<https://trustees.osu.edu/university-faculty-rules/3335-5>] defines the types of faculty appointments possible at OSU and the rights and restrictions associated with each type. For purposes of governance, the faculty of the Department include: 1. Tenure-Track faculty; 2. NonTenure-Track faculty; and 3. Emeritus faculty. NonTenure-Track faculty positions are categorized as: a. Clinical (including Clinical Scholar, Clinical Educator, and Clinical Excellence), b. Research, and c. Associated (including Clinical Practice, Adjunct, Visiting, and Lecturer titles, which may be made for a maximum of 3 consecutive years, and may be reappointed). In most cases, Department faculty will have an MD and/or PhD as terminal degree, possibly complemented by an MS, MPH, MBA, or comparable degrees.

Faculty who are not permitted to vote on any Department matter, and may not participate in discussions of personnel issues, such as related to Appointment, Promotion, and Tenure (AP&T) reviews, include the following: 1. Associated faculty (including Non-Tenure Track

part-time faculty with Full Time Equivalent (FTE) < 50% in the Department) and 2. Emeritus faculty. However, these faculty members may be invited to participate in discussions on non-personnel matters in the Department.

In accordance with OSU Faculty Appointments guidelines [<http://oaa.osu.edu/assets/files/documents/facultyappointments.pdf>], the Department initially appoints faculty members with application of the following designations: Tenure-Track, Clinical (3 pathways for NonTenure-issuing professional advancement), Research (single pathway for NonTenure-issuing professional advancement), or Associated (single pathway for NonTenure-issuing professional advancement). To be considered for initial appointment in the Department, a prospective faculty member must have completed the terminal degree most appropriate to their area of expertise. Detailed information about the appointment criteria and procedures for the various types of faculty appointments made in the Department is provided in its current AP&T document (available at <https://oaa.osu.edu/appointments-reappointments-promotion-and-tenure>).

Each new faculty member in the Department will be (with very few unique exceptions) assigned to an appropriate Division for optimization of Department functionality, including more effective regular communications, assignment and monitoring of routine activities, provision of support as needed, and annual evaluations.

B. General Duties

The Department is committed to the professional development and success of all members of its faculty. Conversely, all members of the faculty are expected to follow the standards of professional behavior and standard operating procedures described by rules, policies, or guidelines of OSU, OSUCOM, Department, and assigned Division.

Although each member of the faculty has his/her own area(s) of career emphasis, it is expected that each faculty member (physician or scientist) will, to the best of his/her abilities and at levels appropriate to his/her background and credentials, support and respond to the clinical, administrative, research, and teaching needs of his/her Division, as required, in order to fulfill Department missions and responsibilities to OSU, OSUCOM, and OSUWMC.

The guidelines outlined here do not constitute a contractual obligation. Fluctuations in the demands and resources of the Department and the individual circumstances of faculty members may warrant temporary deviations from these guidelines. Assignments and expectations for the upcoming year are addressed as part of the Annual Review by the Department Chair.

The primary professional commitment of a 1.00 FTE faculty member at OSU is to OSU and the approved guidelines on professional activities are based on that commitment. Faculty who have professional commitments outside of OSU during on-duty periods (e.g., teaching at another institution; conducting research for an outside entity; external consulting) must disclose and discuss them with the Chair of the Department for prior approval in order to ensure that no conflict of commitment exists. Information on faculty conflicts of commitment is presented in the OSUOAA Faculty Conflict of Commitment policy [<http://oaa.osu.edu/assets/files/documents/conflictofcommitment.pdf>].

C. Professional Effort

The Department recognizes the need to establish for each faculty member a balance of professional efforts, and associated time allocation, that provides for both the multi-mission needs of the Department and expected individual professional development. Accordingly, the Department supports standards for distribution of professional efforts, and related typical allocations of time, as well as funding responsibilities. The allocation of time and effort for each Department faculty member is primarily determined by their assigned AP&T category, although it remains largely independent of academic rank (e.g., Assistant Professor vs. Professor).

Those faculty members appointed to the Tenure-Track (i.e., already Tenured or seeking Tenure) or on Non-Tenured Research appointments are typically more research-focused than other faculty members in the Department; however, the recent introduction by the OSUCOM of more stringent pre-requisites to Tenure delineated in both its current AP&T document and the Department's version, have necessitated allowance for a clinical care-focus by some of the more senior Tenured radiologists in the Department. In contrast, those faculty members assigned to Clinical or Associated appointments are relatively more focused on clinical care.

The typical effort allocations in the Department are outlined in the following table:

Assigned AP&T Category	Example Effort Allocation and Funding in OSUCOM/OSUWMC CART Planning					
	Typical Effort Allocation (per Total 1.00 FTE)				Typical Effort Funding Sources	
	Clinical (cFTE)	Administrative (aFTE)	Research (rFTE)	Teaching (tFTE)		
Tenure-Track						
<i>Basic Science</i>	0.00	0.00	0.90	0.10	<ul style="list-style-type: none"> • NIH/Competitive National Grants • Department Support • OSU Support 	
<i>Clinical Science</i>	0.45	0.00	0.45	0.10	<ul style="list-style-type: none"> • Competitive National/NIH Grants • Individual Clinical Revenue Generation • Department Support 	
NonTenure-Track						
<i>Clinical</i>						
	Pathways					
	Scholar	0.80	0.00	0.20	0.00	<ul style="list-style-type: none"> • Individual Clinical Revenue Generation • Department Support • Competitive National Grants
	Educator	0.80	0.00	0.00	0.20	<ul style="list-style-type: none"> • Individual Clinical Revenue Generation • Department Support • OSUCOM Support
	Excellence	1.00	0.00	0.00	0.00	<ul style="list-style-type: none"> • Individual Clinical Revenue Generation • Department Support • OSUWMC Support
<i>Research</i>	0.00	0.00	1.00	0.00	<ul style="list-style-type: none"> • NIH/Competitive National Grants 	
<i>Associated</i>	1.00	0.00	0.00	0.00	<ul style="list-style-type: none"> • External Support 	
Emeritus	0.00	0.00	0.00	0.00	<ul style="list-style-type: none"> • External Support 	

Definitions of Effort Allocation and Funding in OSUCOM/OSUWMC CART Planning:

- Clinical Effort (cFTE):**
 Clinical activities (cFTE) represent the range of faculty-member time committed to professional work directly supporting the patient-care mission of OSUCOM and OSUWMC (i.e., image-based diagnosis and therapy) and associated with Work Relative Value Unit (wRVU)-related revenue generating activities (aka “billable clinical”), as well as OSUWMC-funded (aka “nonbillable clinical”) clinical service-support activities (e.g., Tumor Board assignment). While the Department Chair is responsible for determining each faculty member’s annual level of cFTE and its funding sources at the beginning of each Fiscal Year (FY) (adjustable by Chair throughout FY, as needed), the Division Chief (or Section Head) is responsible for assigning specific scheduled clinical activities to his/her faculty members. In order to meet unanticipated unique demands on the Department, the Chair retains the option to temporarily re-assign the distribution of clinical duties of each faculty member, as long as compliant privileging is maintained.
- Administrative Effort (aFTE):**
 While many faculty members in the Department will have minor administrative activities, only a few will be assigned dedicated time (aFTE) to pursue formal administrative leadership duties related to: 1. Department academic affairs; 2. Department education & training; 3. Department research; 4. Department/Imaging Program operations (e.g. clinical imaging operations, medical imaging informatics; medical physics); 5. Imaging modality clinical/technical service performance (e.g., CT, MR, US); or 6. Official OSUWMC medical directorship appointment. Funding of the associated efforts by appropriate sources will be by pre-arranged funds-flow to the Department from: Department itself, OSUCOM, and/or OSUWMC.
- Research Effort (rFTE):**
 While all faculty members within the Department are expected to approach their work at OSU in a scholarly fashion, some are assigned research time (rFTE) to formally pursue activities in research and development. For both Tenure-Track and NonTenure-Track Research faculty members, the dedicated research time (aka “protected research release-time”) must eventually (after initial preparatory phase) be significantly self-supported (both personal and research programmatic support) through funding from outside the Department. Any smaller amount of dedicated research time afforded to faculty members assigned to the Clinical Scholar pathway is designed to simultaneously further the academic interests of the faculty member, his/her Division, and the Department; such opportunities are secured with prior approval from the Department Chair. While Division Chiefs (and Section Heads) are instructed to regularly support the provision of this pre-arranged intramurally funded research time to a Clinical Scholar, the release time is not protected (may need to be forfeited to meet the clinical needs of the Department) unless secured by funding from entities outside the Department.

- *Teaching Effort (tFTE):*
The education of medical students, graduate students, residents, and fellows is considered to be the responsibility of all faculty members of the Department. In order to support the interests of some of the faculty members in formally advancing the educational program of the Department, some faculty members in the Clinical Educator pathway may be afforded dedicated education time (aka "protected teaching release-time") (tFTE) to simultaneously further the academic interests of the faculty member, his/her Division, and the Department; such opportunities are secured with prior approval from the Department Chair. While Division Chiefs (and Section Heads) are instructed to regularly support the provision of this pre-arranged intramurally funded education time to the Clinical Educator, the release time is not protected (may need to be forfeited to meet the clinical needs of the Department) unless secured by funding from entities outside the Department.
- *Special Assignments:*
In accordance with the Office of Academic Affairs Special Assignment Policy [<http://oaa.osu.edu/assets/files/documents/specialassignment.pdf>], reasonable efforts will be made by the Department to facilitate a desired Special Assignment (SA) related to administration, research, or teaching to any productive Tenure-Track faculty on a rotating basis. However, SA request approval will be subject to a number of factors, including the following: 1. Quality of the proposal, including its potential benefit to the Department; 2. Current fiscal and/or operational status of the Department; and 3. Ability of other Department faculty to absorb the regular obligations of the applicant in his/her absence.

Faculty members who desire a SA should discuss the matter with the Department Chair during his/her Annual Review. The merits of each request and the ability of the Department to accommodate it will be assessed by an ad hoc Special Assignment Committee consisting of the Vice Chairs of the Department and the requestor's Division Chief. A simple majority approval of that committee is required to recommend acceptance/rejection of the SA request to the Chair and, based on the recommendation, the Chair will indicate to the requesting faculty member whether submission of a full proposal articulating the purpose and nature of the SA is appropriate.

D. Responsibilities in Supporting Fiscal Health of Department

Consistent with the expectations of OSUCOM, the Department expects each faculty member to lend support to the departmental clinical/humanitarian, administrative/operational, research/scholarship, and teaching/educational missions through his/her own talents & skills, diligence & dedication, professionalism & service, and creativity & innovation. At the same time, it is imperative that each faculty member contribute to the fiscal welfare of the Department programs through financial support of its missions by means, and to degrees, commensurate with his/her aforementioned individual effort assignment and associated commitments (delineated at the time of individual appointment or Annual Review).

Through his/her own professional activities on behalf of the departmental missions, each faculty member in the Department is expected to generate sufficient funds to cover his/her salary and benefits to a predetermined level which is appropriate to his/her faculty position. In addition, each faculty member is expected to generate appropriate funding of Division administrative expenses. By means of revenue generation, clinical faculty should in most cases fulfill this obligation within one year of the date of hire.

The guidelines for faculty members to individually contribute to the fiscal health of the Department, while being fairly base-compensated, incentivized, and/or rewarded for exceptional accomplishments, are delineated in the OSUCOM- or OSU Physicians, Inc. (from this point on, referred to as "OSUP")- approved documents as follows:

- Compensation Plan for Radiology Clinical Faculty [**Appendix A**]
- Compensation & Incentive Plan for Research/Technology-Focused Radiology Faculty [**Appendix B**]
- Incentive Plan for Research-Focused OSUCOM Faculty [**Appendix C**]

E. Faculty Development

The Mentorship Program of the Department is aligned with that of the OSUCOM mentoring initiative. In the Department, the focus during the first 3 years on faculty is on: 1. Assisting junior Tenure-Track faculty at the Assistant Professor level in the successful fulfillment of pre-requisites resulting in promotion and/or Tenure; and 2. Guiding junior NonTenure-Track Clinical faculty and Research faculty at the Assistant Professor level during their early career development to career success resulting in promotion. The Department guidelines for each group are outlined in the following table:

Assigned AP&T Category	Direct Mentoring	FAME Faculty Development Sessions
Tenure-Track	Mentoring Team (personal Radiology Mentor and any other OSU faculty designates): Team meets with junior faculty member at least once per quarter Department Chair, Vice Chair for Radiology Academic Affairs, and Vice Chair for Radiology/Imaging Research provide mentoring to junior faculty member during Annual Review	Mentee to attend ≥ 2 Sessions/year
NonTenure-Track Clinical	Mentee selects senior-level personal OSU Radiology Mentor within 6 months of hire: Mentor meets with junior faculty member at least once per quarter Department Chair & Vice Chair for Radiology Academic Affairs provide mentoring to junior faculty member during Annual Review	Mentee to attend ≥ 2 Sessions/year
NonTenure-Track Research	Mentee selects senior-level personal Radiology Mentor within 6 months of hire: Mentor meets with junior faculty at least once per quarter Department Chair, Vice Chair for Radiology Academic Affairs, and Vice Chair for Radiology/Imaging Research provide mentoring to junior faculty member during Annual Review	

F. Annual Review

In accordance with the OSUCOM Faculty Annual Review guidelines [<http://medicine.osu.edu/faculty/policies/pages/annualreviews.aspx>] and Faculty Workload Guidelines [<http://medicine.osu.edu/faculty/policies/pages/workload.aspx>], 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). Detailed information about the Faculty Annual Review process in the Department is provided in its current AP&T document (available at <https://oaa.osu.edu/appointments-reappointments-promotion-and-tenure>).

G. Performance Improvement

The Department is committed to the fair treatment, as well as the career development and advancement, of all members of its faculty. Nevertheless, instances can arise in which a faculty member does not, despite constructive feedback from Annual Reviews, consistently meet the expectations of the Department through demonstration of inefficiency, incompetence, and/or failure of good behavior/professionalism. In these instances, the Chair, with Division Chief input, will work with the faculty member to develop a plan to address pertinent issues.

If substandard performance/behavior by the Department faculty member recurs or continues, input from the Dean of OSUCOM will be sought.

Complaints against faculty members will follow the Faculty Rules of OSU and the guidelines of the OSUCOM and Department [<https://trustees.osu.edu/university-faculty-rules/3335-5>].

H. Leaves & Absences

OSU policies pertaining to leaves and absences are set forth in the Office of Academic Affairs Policies and Procedures Handbook [<http://oaa.osu.edu/policiesprocedureshandbook.html>] and Office of Human Resources Policies and Procedures website [<https://hr.osu.edu/benefits/leave/>]. Department Guidelines 001 (Radiology Business Leave & Travel Expenditures) [**Appendix D**], Department Guidelines 003 (Academic Leave Time Allowance/Procedures) [**Appendix E**], and Department Guidelines 011 (Vacation Request Policy) [**Appendix F**] address the procedures to be followed.

1. Faculty Professional Leave

A Faculty Professional Leave (FPL) constitutes a formal departure from regular academic duties and may be up to 12 months in length for 12-month faculty. FPLs involve salary reductions and other considerations established by the Ohio legislature and University Board of Trustees; before applying, an interested Department faculty member considering an FPL should fully acquaint themselves with these guidelines [<http://oaa.osu.edu/assets/files/documents/facultyprofessionalleave.pdf>].

Faculty members who desire an FPL should also discuss the matter with the Chair of the Department during his/her Annual Review. The Department Chair will indicate whether submission of a full proposal articulating the purpose and nature of the FPL is appropriate. Because FPL proposals must be approved by the Dean of OSUCOM, OSUOAA, and Board of Trustees before they may be implemented, an interested Department faculty member should submit FPL proposals for a particular AY no later than the end of October 1st of the preceding year, except when the development of an unexpected opportunity precludes such timing.

Requests for FPL will undergo peer review as required by OSU rules; the peer review will be conducted by the Vice Chair for Radiology Academic Affairs and 4 Department faculty members selected based on the relevance of their expertise to the activities proposed for the leave. Criteria used to evaluate the request for FPL include: 1. Extent to which the faculty member will develop new expertise/skills; 2. Degree to which this new expertise will contribute to the advancement of the faculty member’s scholarly career; and 3. Contribution of newly

acquired expertise to the advancement of the missions of the Department, OSUCOM, OSUWMC, or OSU. The review committee will vote for or against the FPL after review of the request. A simple majority approval of the 5-member review committee is required to recommend the FPL to the Department Chair.

The Department Chair's recommendation to the Dean of OSUCOM regarding an FPL proposal will be based on the quality of the proposal and its potential benefit to both the faculty member and the Department, as well as the ability of the Department to accommodate the FPL at the time requested.

2. Leaves for Medical Reasons

When leaves for medical reasons are anticipated, Department faculty members are expected, as early as possible, to both complete the appropriate application-for-leave form and consult with the Department Administrator. When such absences are unexpected, the faculty member (or representative) should promptly notify directly the Division Chief and/or Department Chair so that important obligations of the faculty member can be managed.

Absences for medical reasons may be designated as Family and Medical Leave (FML) and counted towards the 12 weeks of FML annual time limit if applicable. Department faculty members are always expected to use sick leave for any covered medical issues (personal illness, illness of family members, medical appointments).

Further details are provided by OHR Policy 6.27 [<http://hr.osu.edu/policy/policy627.pdf>] and Policy 6.05 [<http://hr.osu.edu/public/documents/policy/policy605.pdf>].

3. Unpaid Leaves of Absence

OSU's policies with respect to unpaid leaves of absence and entrepreneurial leaves of absence are set forth in the Office of Human Resources Policy 6.45 [<https://hr.osu.edu/wp-content/uploads/policy645.pdf>]. A Department faculty member may request an unpaid leave of absence for personal reasons or professional reasons (e.g., opportunity to accept a visiting appointment at another institution). A faculty member desiring an unpaid leave of absence from the Department should submit a written request to the Department Chair for the absence as far in advance as possible of the time for which the leave is desired. Unpaid leaves of absence ultimately require the approval of the Chair, Dean of OSUCOM, OSUOAA, and OSU Board of Trustees. Approval will be based on, but not limited to: 1. Nature of the request; 2. Extent to which the faculty member's responsibilities can be covered or deferred during the proposed absence; and 3. Positive or negative impact of the proposed absence on the Department.

Absences for personal reasons may be designated as Family Medical Leave (FML) and counted towards both the 12 weeks of FML annual time limit and unpaid leave, if applicable. Such requests should be processed with the help of the Department Administrator following approved procedures [<https://oaa.osu.edu/policies-and-procedures-handbook>].

4. Discretionary Absences

A. Professional Advancement

The Department recognizes that each faculty member can simultaneously support his/her own professional advancement and the academic missions of the Department, OSUCOM, OSUWMC, and/or OSU by involvement in high-quality professional activities. In order to encourage such professional advancement activities by its faculty, the Department allows each 1.00 FTE faculty member to use 10 days per FY (prorated for FTE < 1.0) for such pursuits. Faculty Rule 3335-5-08 [<https://trustees.osu.edu/university-faculty-rules/3335-5>] requires that the OSUOAA approve any discretionary absence longer than 10 consecutive business days.

The appropriate application-for-leave form must be completed for any absences for Professional Advancement, because such discretionary absences from regular duties is not a right and the Department Chair (or designate) retains the authority to disapprove a proposed absence when it will interfere with important needs of the Department. Categories of Professional Advancement include the following:

- *National Visiting Professorships*: Travel to an institution within the continental United States for the purposes of academic exchange qualifies for such leave. In general, such visiting professorships should be limited to three days.
- *Invited Presentations at Professional Meetings*: The Department recognizes the value of dissemination of knowledge. Thus, faculty members who are invited to conduct workshops or present lectures at professional meetings of significance to the missions of the Department may use this leave to attend such meetings.
- *Elected Leadership Positions to Major Professional Societies or Organizations*: With prior approval, Department faculty members are encouraged to seek positions of national and/or international prominence and of significant impact on their Radiology/Imaging field. If elected, faculty members are allowed to use such leave to fulfill his/her obligations.
- *Continuing Medical Education*: The Department recognizes the need for continuing medical education for its faculty, but believes that this requirement can often be met through web-based options provided by professional societies, and such memberships are supported by the Department.

To the best of its financial ability, the Department will annually preserve funds to support the expenses related to these Professional Advancement activities; this is addressed in Department Guidelines 008 (Professional Expense Reimbursement Allowance (PERA)/Procedures) [Appendix G]. Along with application for approved absence, the individual Department faculty member may also apply for any available funding of a Professional Advancement activity (even if personal vacation time is utilized; this is addressed in Department Guidelines 003 (Academic Leave Time Allowance/Procedures) [Appendix E]. Decisions for or against time-approval and/or funding-approval will be made by the Department Chair, with required Division Chief pre-approval.

The following activities do not classify as potential Professional Advancement activities; approved vacation leave must be used instead:

- Professional Advancement activities in excess of the total allowed 10 days per year, unless they: 1. are discontinuous; 2. advance the Department; and 3. attain prior approval from the Chair; if such business days are to be taken consecutively and would exceed 10 days in duration, prior OSUOAA approval is a prerequisite.
- Preparation time for any activities authorized as Professional Advancement
- Paid consultancies

B. University Business

The Department recognizes that support of the missions of the Department, OSUCOM, OSUWMC, and/or OSU, may require its faculty members to participate in external activities potentially enhancing Department/Imaging Program operations, clinical referrals, and/or research or education reputations. When these activities arise and require absences of Department faculty from the institution, a faculty member may, with prerequisite approval and direction from the Department Chair, use the designation of University Business for his/her leave rather than use Professional Advancement time or vacation leave. However, University Business leave may not interfere with the day-to-day functioning of the Department and will be subject to review to ensure that the number of days away from OSU is not excessive. In addition, arrangements for coverage of regular duties of the Department faculty member must be made and communicated to relevant constituencies.

The appropriate application-for-leave form must be completed for University Business absences well in advance of a planned activity in order to provide sufficient time for its consideration/approval and for arranging any needed coverage; decisions about time-approval will be made by the Department Chair, with prior Division Chief input. Faculty Rules require that the OSUOAA approve any such discretionary absence of ≥ 10 consecutive business days in duration. While expenses related to Chair-endorsed/approved University Business are assured, they must comply with current Department, OSUCOM, OSUWMC, and/or OSU guidelines. Approved categories of University Business include the following:

- *Mandated Department/OSUCOM/OSUWMC/OSU Business*: Travel and leaves mandated by the Department, OSUCOM, OSUWMC, and/or OSU in order to fulfill assigned roles are acceptable. Such travel may include, but is not limited to: site visits, consultation visits, project demonstrations, and retreats.
- *International Visiting Professorships*: International visiting professorships may be considered if the OSU Office of Global Health Initiatives has identified a strategic rationale for a relationship between the inviting institution and OSUCOM and/or OSUWMC; this rationale may include the desire to establish an educational exchange program, research collaboration, or joint clinical effort. International visiting professorships require prior authorization from the Office of Global Health Initiatives.
- *NIH-Related Activities*: Participation in Study Sections and other NIH-associated business enhances the national reputation of faculty and consequently the reputations of the Department, OSUCOM, OSUWMC, and OSU; such service qualifies for this leave designation.
- *Collaborative Research Meetings*: Meetings to establish or maintain significant multi-center research collaborations may be considered for this leave designation.
- *Appointments to National Boards or Regulatory Agencies*: Service to national boards or regulatory agencies enhances the reputations of the Department, OSUCOM, OSUWMC, and OSU; such service qualifies for this leave designation.
- *Maintenance of Certification*: The institution requires that all physicians maintain certification in their primary area of practice. Thus, leaves for secure examinations needed for maintenance of certification can be applied.
- *Depositions and Expert Witness Activities*: Faculty who are required to appear in court for cases directly related to their work with, or in support of, OSUWMC cases are allowed to use this designation for their leave.

The following activities do not classify as potential University Business activities; approved vacation leave must be used instead:

- International Visiting Professorships that do not receive prior OSU Office of Global Health Initiatives authorization
- Preparation time for any activities authorized as University Business
- Expert Witness work for cases not related to OSUWMC activities
- Paid consultancies

I. Parental Modification of Duties

The Department strives to be a family-friendly unit in its efforts to recruit and retain high-quality faculty members. To this end, the Department is committed to adhering to the OSUCOM's guidelines on parental modification of duties to provide its faculty members flexibility in meeting work responsibilities within the first year of childbirth/adoption (see the POA of OSUCOM for details).

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

J. Compensation Guidelines

According to their individual AP&T category and CART assignment, a faculty member in the Department will be fairly base-compensated, incentivized and/or rewarded for exceptional accomplishments, as delineated on the accompanying OSUCOM- or OSUP- approved documents as follows:

- Compensation Plan for Radiology Clinical Faculty [**Appendix A**]
- Compensation & Incentive Plan for Research/Technology-Focused Radiology Faculty [**Appendix B**]
- Incentive Plan for Research-Focused OSUCOM Faculty [**Appendix C**]

J. Recruitment

In the Department, faculty recruitment procedures will be guided by the rules and regulations of OSU and the guidelines of OSUCOM [<http://medicine.osu.edu/faculty/resources/admins/pages/hiring-faculty-guide.aspx>]. Detailed information about the recruitment process in the Department is provided in its current AP&T document (available at <https://oaa.osu.edu/appointments-reappointments-promotion-and-tenure>).

V. Organization of Department of Radiology Faculty and Related Functions

In order to facilitate the missions of the Department, Vice Chair positions have been identified to support the Chair in the oversight of the successful integration of sub-specialized professional activities of the Department and the technical services of the Imaging Program; by this arrangement continuous support of the clinical, administrative, research, and teaching needs and goals of both the Department and the Imaging Program are ensured. Currently, Vice Chair positions support the Department Chair in the following areas:

- Radiology Academic Affairs
- Radiology Education
- Radiology/Imaging Clinical Operations
- Medical Informatics & Augmented Intelligence in Imaging
- Clinical Radiology Research & Technology Assessment
- Biomedical Imaging Research & Innovation

The Department is also organized into Divisions reflecting various clinical subspecialties or research/technical disciplines within the field of Radiology/Imaging; each faculty member (with very few unique exceptions) is ultimately assigned to a Division for the purposes of optimal functionality of the Department and maintenance of communication between all members of its faculty members regarding operations of the Department, OSUCOM, OSUWMC, and OSU. Each Division represents both a clinical or research/technology service line and an academic subunit led by a Chief who is responsible (as appropriate) for the clinical, administrative, research, and teaching activities specific to his/her Division. Currently, the Department is comprised of 11 Divisions. They include the following 8 clinically-focused Divisions of:

- Abdominal & Pelvic Imaging
- Emergency Radiology
- Interventional Radiology
- Molecular Imaging & Nuclear Medicine
- Musculoskeletal Imaging
- Neuroradiology
- Thoracic Imaging
- Women's & Breast Imaging,

as well as the following 3 research/technology-focused Divisions of:

- Medical Imaging Informatics
- Medical Physics
- Radiology/Imaging Research & Innovation

Additionally, some Divisions contain Sections focusing on very specific clinical aspects of the discipline; each Section is led by a faculty-member Head. Currently, the following Sections are found in the Department:

- Vascular Interventional Radiology (within the Division of Interventional Radiology)
- Body Interventional Radiology (within the Division of Interventional Radiology)
- Head & Neck Imaging (within the Division of Neuroradiology)
- Cardiovascular Imaging (within the Division of Thoracic Imaging)

Last, traversing the Divisions of the Department and the technical areas of the Imaging Program are the Imaging Modality lines; each are led by both a faculty-member Clinical Director and faculty-member Technical Director for optimization of support of involved Divisions and clinical imaging services. Currently, such directorships are in place for:

- Computed Tomography
- General Radiology
- Magnetic Resonance
- Ultrasonography
- Augmented Intelligence

While the establishment, elimination, or modification of these Department leadership positions, as well as the selection of the faculty member to occupy each position, is at all times at the sole discretion of the Chair of the Department, input from appropriate members of the Department, OSUWMC Imaging Program administration, and other leaders of OSUCOM and OSUWMC is routinely sought; such changes typically result from ever-varying demands on the Department and the Imaging Program. The following organizational functions are the prerogative of the Chair, but with an expectation of suitable prior counsel and objective justification:

- Establishment, elimination, or modification of Vice Chair, Division Chief, Section Head, and Imaging Modality Director (Clinical or Technical) positions or the definitions of their scopes of responsibilities.
- Appointment, removal, or replacement of a specific individual faculty member to/from/in the Vice Chair, Division Chief, Section Head, and Imaging Modality Director (Clinical or Technical) positions.
- Complete or partial transfer of a faculty member from one Division, Section, or Imaging Modality service line to another.

VI. Overview of Departmental Administrative Processes & Decision-Making

The Chair of the Department carries ultimate supervisory and decision-making authority for all matters of concern within the Department; to that end, he/she is assisted by a Department Administrator who reports directly to the Chair while maintaining constant communication and collaboration with administrative leadership of OSUCOM, OSUP, and OSUWMC on behalf of the Department. Senior leaders of the Department (Vice Chairs, Division Chiefs, Imaging Modality Directors) are cumulatively responsible for contributing to the direction of the entire Department, but with individual contributions emphasizing their interests and responsibilities. While Department strategic planning is ultimately the responsibility of its Chair, senior leadership must continuously contribute ideas, support, and effort toward the clinical, administrative, research, and teaching missions of the Department, as well as to its ongoing needs for financial stability and resource generation.

The overall clinical and academic operations of the Department are largely guided by consensus of the Committee of Division Chiefs, composed of the Chiefs of each Division of faculty members. The Department Chair, with significant input by the Vice Chairs, supervises and draws general insights from the Committee of Division Chiefs, which meets monthly (minutes taken). Each Division Chief works closely with the Vice Chairs to achieve his/her Division's goals.

For issues of the most general and/or highest level of importance, as determined by the OSUCOM, the Department Chair and Vice Chairs, and the Committee of Division Chiefs, governance by majority vote of the entire Department faculty will be required.

VII. Department Administration

A. Chair

The primary responsibilities of the Chair of the Department are set forth in Faculty Rule 3335-3-35 [<https://trustees.osu.edu/university-faculty-rules/3335-3>]. This rule requires the Department Chair to develop, in consultation with the faculty, a POA with specified minimum content. The rule, along with Faculty Rule 3335-6 [<https://trustees.osu.edu/university-faculty-rules/3335-6>] also requires the Chair to develop, in consultation with the Department faculty (including majority vote), a document setting forth guidelines and procedures pertinent to AP&T in the Department which is consistent with the guidelines from OSUCOM [<https://oaa.osu.edu/policies-and-procedures-handbook>].

Other responsibilities of the Chair of the Department that are not specifically noted elsewhere in this POA are paraphrased and summarized as follows:

- To have general administrative responsibility for Department programs, subject to the approval of the Dean of OSUCOM, and to conduct the business of the Department efficiently and effectively. This broad responsibility includes the acquisition and

management of professional funds, and the hiring and supervision of Department faculty and staff. When combined with the position of Chief-of-Service, Imaging Program of OSUWMC, these responsibilities of the Chair extend to the technical aspects of the imaging services at OSUWMC, thereby facilitating an integrated approach to the pursuit of the clinical, administrative, research, and teaching missions of OSU as related to Radiology/Imaging.

- To plan with faculty members in the Department and the Dean of OSUCOM a progressive academic program, encouraging the advancement of research/scholarship and teaching/education.
- To evaluate and improve instructional and administrative processes related to Radiology/Imaging on an ongoing basis.
- To oversee the evaluation process for faculty members in accordance with both Department- and OSUCOM- established criteria; to inform faculty members when they undergo Annual Review of their right to review their primary personnel file maintained by the Department and to place in that file a response to any evaluation, comment, or other material contained in the file.
- To evaluate each Vice Chair, Division Chief, Section Head, and Imaging Modality Director annually in accordance with Department-, OSUCOM-, and OSUWMC- established criteria. At times, the Chair may assign more than one of these positions to the same faculty member.
- To make objective and thoughtful recommendations on Department faculty appointment, dismissal, promotion, and matters of tenure to the Dean of OSUCOM, in accordance with procedures set forth in the Departmental AP&T and Faculty Rule 3335-6 [<https://trustees.osu.edu/university-faculty-rules/3335-6>].
- To see that all faculty members, regardless of their assignments, are offered Department privileges and responsibilities appropriate to their rank and skills, and appropriate support that, in general, lead to maintenance of a high level of morale and commitment.
- To see that adequate supervision and training are given to those members of the faculty and staff who may profit by such assistance.

While day-to-day responsibility for specific matters may be delegated by the Chair of the Department to others, the Department Chair retains final responsibility and authority for all matters covered by this POA, subject when relevant to the approval of the Dean of OSUCOM, OSUOAA, and OSU Board of Trustees. While, operational efficiency requires that the Department Chair exercise a degree of autonomy in establishing and managing administrative processes related to Radiology/Imaging, the articulation and achievement of Department academic goals are, however, most successful when all faculty members participate in discussing and deciding matters of general or high-level importance. The Chair will, therefore, consult with the faculty on all academic guidelines and educational issues and will respect the principle of majority rule. When a departure from majority rule is judged to be necessary, the Chair will explain to the faculty the reasons for the departure, ideally before action is taken.

B. Vice Chairs

1. Vice Chair for Radiology Academic Affairs

The Vice Chair for Radiology Academic Affairs 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. All matters of faculty professional advancement, including the AP&T process; 2. Issues of ethical academic and professional conduct; and 3. Counseling and assisting faculty member in their professional development. The Vice Chair of Radiology Academic Affairs plays a key role, in partnership with Department Chair and department leaders, to visualize, develop, establish and promote strategic plans, innovative initiatives and long-term goals and objectives of academic affairs (e.g., faculty mentoring, development, and promotion) within the Department.

Specific responsibilities of the Vice Chair for Radiology Academic Affairs include the following:

- Supervises and administer the AP&T process in the Department of Radiology.
- Presides over meetings of the AP&T Committee in the Department.
- Confirms and validates all faculty votes regarding AP&T recommendations.
- Meets with all potential new faculty by the second visit to Department to discuss and review faculty tracks and AP&T procedures.
- Is responsible for ensuring that all Departmental searches promote diversity.
- Communicates to the Department Chair, in writing, the recommendations of the faculty regarding AP&T decisions.
- Notifies members of faculty under AP&T review of the comments and recommendations of the eligible faculty.
- Addresses faculty concerns regarding AP&T decisions and aids in resolution of these concerns on behalf of the Department and in accordance with Department, OSUCOM, and OSUOAA guidelines.
- Meets with the probationary faculty to discuss mandatory review and outline achievements and areas for improvement.
- Meets with faculty considering promotion to discuss appropriate timing and likely success of application.
- Participates in the faculty Annual Review process by assisting the Department Chair and Division Chiefs with the content of the Annual Review letter, ultimately ensuring that the letter meets or exceeds the standards set by the OSUCOM.
- Creates and manages faculty mentorship, development, and promotion processes in the Department.
- Assists the Department Chair in his/her role in revising, as appropriate, the Department AP&T and POA documents.

2. 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.

Specific responsibilities of the Vice Chair for Radiology Education include the following:

- Promotes high-quality and compliant Radiology education for trainees (medical students, graduate students, residents, and fellows) at OSU.
- Advises Chair on educational priorities, funding needs, recruitment, and infrastructure support for programs.
- Provides oversight of medical student educational activities through supervision of the Director-Medical Student Radiology Clerkship and his/her related programmatic duties.
- In partnership with the GME office, provides oversight of Radiology resident and fellow educational activities through supervision of the Director-Radiology Residency Program and individual fellowship directors.
- Carries responsibility of Radiology Residency Program education planning and resident evaluation.
- Carries responsibility of Radiology resident/fellow-candidate recruitment, based on procedures encouraging diversity development in collaboration with OSUCOM Human Resources-Recruiting office.
- Functions as liaison with OSUCOM and OSUWMC administration to ensure that the Department educational programs meet external expectations and are appropriately supported within the institution at large.
- Functions as liaison with Vice Chairs of: 1. Radiology Academic Affairs to promote excellence in faculty teaching and to document individual faculty member accomplishments; 2. Radiology/Imaging Clinical Operations to ensure that educational programs integrate effectively and efficiently with Imaging Program clinical activities; and 3. jointly Medical Informatics & Augmented Intelligence in Imaging, Clinical Radiology Research & Technology Assessment, and Biomedical Imaging Research & Innovation to pursue opportunities for trainees to participate in scholarship.
- Assists Department Chair and Department Administrator in developing and maintaining annual operating budgets for all educational programs, and in the determination of current and future education space and resource allocations.
- Expands and extends infrastructure for high-impact education endeavors by creating partnerships with other OSU and non-OSU entities.
- As and when directed by the Chair of the Department, serves on Department, OSUCOM, or OSUWMC committees in order to represent the educational interests of the Department or Imaging Program.
- Provides executive leadership and oversight of all Department CME courses.

3. Vice Chair for Radiology/Imaging Clinical Operations

The Vice Chair for Radiology/Imaging Clinical Operations 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. Maintaining a highly efficient and effective integrated delivery of professional and technical Radiology/Imaging services throughout OSUWMC as well as to contracted external entities; 2. Ensure a continuous productive clinical collaboration with between OSUCOM Radiology faculty and OSUWMC Imaging Program staff by serving as a liaison with Imaging Program administration; and 3. Coordinating all clinically focused Divisions in the Department and imaging services in the Imaging Program towards the common goal of high-quality imaging services for patients seeking health maintenance or health care at OSU.

Specific responsibilities of the Vice Chair for Radiology/Imaging Clinical Operations include:

- Leads, directs, and monitors routine operations of Radiology/Imaging services with oversight and accountability to ensure efficient, compliant, and professional services are designed to meet the needs of patients, referring physicians, faculty, staff, trainees, and the community.
- Regularly (and as requested) provides advice and consultation directly to Department Chair on clinical operational matters.
- Acts on behalf of Department Chair in rendering effective and efficient clinical operational decisions.
- Collaborates with Department Chair, other Vice Chairs, Division Chiefs, Department Administrator, departmental clinical faculty, and Imaging Program technical leadership in developing and establishing clinical practice programs and strategies to maximize quality assessments, volume statistics, billing and collections, expense & revenue trends.
- Measures Department practice data to industry benchmarks to identify national practice standards.
- Leads the development, implementation, and modifications to clinical processes and activities to meet national practice trends.
- Collaborates with other OSUWMC operational leaders to identify opportunities that will result in quality & process improvements, greater safety & risk reduction, and programmatic growth & increased market share for Radiology/Imaging services.
- Leads the development and implementation of strategies to optimize the efficiency and effectiveness of imaging facilities and resources in collaboration with all stakeholders of the Department.

- Actively participates in institution-wide initiatives to enhance patient access and services, and ensure compliance with healthcare reform by continual monitoring and adherence to federal rules & regulations and governmental reimbursement systems.
- Leads strategic proposals for reallocation or development of ambulatory facilities.
- Provides oversight of clinical quality & process improvement, as well as patient safety & risk reduction, initiatives in partnership with the OSUWMC Chief Quality Officer.
- Serves as a representative of the Department/Program, continuously interfacing with the entities of the OSU Health System, officers of OSUCOM and OSUWMC, and the external market.

3. Vice Chair for Informatics & Augmented Intelligence in Medical Imaging

The Vice Chair for Informatics & Augmented Intelligence in Medical Imaging 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 that clinical diagnostic and research images, as well as the reporting systems used throughout the enterprise, are safe and effective; 2. Works with multiple hospital and university departments to ensure the integrity of imaging systems; 3. Evaluates and optimizes current workflow and application capability to maximize the use of the available technologies; 4. Creates and introduces machine/deep-learning capabilities for improved effectiveness and efficiencies in the clinical delivery of imaging with the help of forms of "augmented intelligence".

Specific responsibilities of the Vice Chair Informatics & Augmented Intelligence in Medical Imaging include:

- Works with Department/Program leadership to oversee the growth and implementation of the overall strategic vision and integration of a broad range of ideas regarding clinical imaging systems capabilities.
- Responsible for contributing to enterprise imaging informatics strategies, procedures, policies, and methodologies.
- Provides direction and insight to leaders, peers, and team members regarding the identification and alignment of strategic imaging systems requirements with evolving business/healthcare opportunities.
- Continually assesses and improves the Department's performance and maintenance of appropriate quality control programs, and ensures compliance with appropriate patient care and business practices.
- Provides expert guidance on enterprise Medical Imaging Informatics projects involving a variety of business risk, scope, and impact to the organization;
- Consults on major initiatives and projects regarding the integration of clinical imaging technology with overall healthcare solutions.
- Develops and builds relationships with leadership of other internal hospital systems and ambulatory sites to extend and unify enterprise imaging services and strategies.
- Assists in the design and development of plans to provide enterprise imaging services to external hospitals utilizing existing imaging infrastructure.
- Articulates a clear and compelling direction for the Division that is aligned with the Department and OSUWMC-wide vision as is related to Medical Imaging Informatics and augmented intelligence.
- Creates an inclusive team environment where differences and similarities are valued.
- Plays an active leadership role in Department activities.
- Shows active participation in national organizations related to their subspecialty.
- Has a supportive attitude regarding the Department and its activities, recognizing that the Division is a functional component of the Department and not an administrative and academic autonomous entity.

4. Vice Chair for Clinical Radiology Research & Technology Assessment

The Vice Chair for Clinical Radiology Research & Technology Assessment 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. Coordinating a broad comprehensive clinical imaging research program related to Radiology for the Department.; 2. Securing significant and durable extramural funding for Radiology research in the Department, with a heavy emphasis on NIH-based grants and other competitive national grants (e.g., Department of Defense, professional societies, foundations); and 3. Mentoring and guiding junior research-focused faculty (i.e., Tenure-Track, NonTenure-Track Clinical Scholar, and NonTenure-Track Research) in the development of productive investigational careers supported by extramural funding.

Specific responsibilities of the Vice Chair for Clinical Radiology Research & Technology Assessment include:

- Promotes the performance of high-quality clinical imaging-related research within the Department and in collaboration with other Departments, Centers, and Colleges at OSU.
- Promotes and facilitates a clinical imaging research program growth, research opportunities, and pursuits of intra- and extra-mural grant funding in the Department.
- Expands and extend infrastructure for high-impact clinical imaging research endeavors by creating partnerships with research centers, institutes, and other OSU and non-OSU entities.
- Facilitates Department acquisition and maintenance of imaging research grant funding, especially from NIH.
- Facilitates the production of high-quality peer-reviewed manuscripts in high-impact journals by Department faculty.

- Promotes development of seminars/workshops to stimulate interest in clinical imaging-related research in the Department.
- Assists Department Chair and Department Administrator in the determination of current and future research space and resource allocations.
- Works with Department/Program administration to serve as Department liaison with the OSUCOM and OSU research offices.
- As and when directed by the Chair of the Department, serves on Department, OSUCOM, or OSUWMC committees in order to represent the clinical research interests of the Department or Imaging Program.
- Develops a strategic plan to stimulate clinical research engagement and success by Department junior faculty and trainees.
- Supports integration of Department clinical imaging research opportunities with the OSU CTO and CTMO.

5. Vice Chair for Biomedical Imaging Research & Innovation

The Vice Chair for Biomedical Imaging Research & Innovation 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. Coordinating a broad comprehensive biomedical imaging research program for the Wright Center for Innovation within the Department of Radiology; 2. Securing significant and durable extramural funding for Radiology research in the Department, with a heavy emphasis on NIH-based grants and other competitive national grants (e.g., Department of Defense, professional societies, foundations); and 3. Mentoring and guiding junior research-focused faculty (i.e., Tenure-Track, NonTenure-Track Clinical Scholar, and NonTenure-Track Research) in the development of productive investigational careers supported by extramural funding.

Specific responsibilities of the Vice Chair for Biomedical Imaging Research & Innovation include:

- Promotes the performance of high-quality basic and translational imaging-related research within the Wright Center for Innovation and in collaboration with other Departments, Centers, and Colleges at OSU.
- Promotes and facilitates biomedical imaging research program growth, research opportunities, and pursuits of intra- and extramural grant funding in the Wright Center for Innovation.
- Expands and extends infrastructure for high-impact imaging research endeavors by creating partnerships with research centers, institutes, and other OSU and non-OSU entities.
- Facilitates Wright Center for Innovation acquisition and maintenance of imaging research grant funding, especially from NIH.
- Facilitates the production of high-quality peer-reviewed manuscripts in high-impact journals by Department and Wright Center for Innovation faculty and staff.
- Promotes development of seminars/workshops to stimulate interest in biomedical imaging-related research in the Department.
- As and when directed by the Chair of the Department, serves on Department, OSUCOM, or OSUWMC committees in order to represent the biomedical imaging research interests of the Department and Wright Center for Innovation.
- Develops a strategic plan to stimulate research engagement and success by Wright Center for Innovation junior faculty and trainees.
- Supports integration of Wright Center for Innovation biomedical imaging research opportunities with the OSU CTO and CTMO.

C. Division Chiefs

Each Chief of a Division (total = 11) (and Head of a Section with Division Chief input) is appointed by the Chair of the Department of Radiology for a one-year position; the position is renewable without term limit based on positive Annual Review. Each Division Chief serves the Department Chair to supervise specific aspects of the Department and the Imaging Program; they are responsible for developing in his/her Division the appropriate balance of clinical, research, and education missions that support the goals of the Department; the Section Head services in like fashion for his/her Section. Under the guidance of the Division Chief (or when appropriate, the Section Head), the Division faculty (or when appropriate, the Section faculty) are expected to participate vigorously and regularly in all departmental patient care and academic programs.

The responsibilities of the Division Chief (or when appropriate, the Section Head) are diverse and include, but are not limited to, the following:

- In partnership with Department/Program leadership, identifies and articulates the clinical vision, strategic direction, and growth of the Division; collaborates on the implementation of operations and strategies to achieve them.
- Promotes leadership and direction for the development of strategies to promote the recruitment, retention, and the direct mission of excellence for the Division faculty and medical staff.
- Energizes and educates the Division in best practices, establish and maintain system-wide, high-quality clinical services.
- Establishes metrics and provides data-driven feedback to the team; creates strategies for improvement and development based on performance metrics.
- Leads clinical service planning, service development, and capacity planning for the Division's activities.
- Sets and achieves targets to drive continuous assessment and improvement of the quality of care and services provided; initiates actions for necessary improvements.
- Partners with the education team to establish and advance Division training.

- Promotes mentorship and career development for Division members.
- Responsible for all administrative-related activities of the Division including weekly schedules, leave approvals, etc.
- Develops and implements policies and procedures that guide and support the overall Department mission.
- Participates in the creation and management of budgets for the Division.
- Ensures effective communication with and involvement of all faculty/staff within the Division in regards to key decisions and initiatives.
- Works collaboratively with other Division Chiefs, Directors, and all other Department/Program and OSUWMC faculty/staff to ensure the development and maintenance of cohesive, cross-functional teams.
- Assists with marketing strategies to inform physicians and patients of procedures, services, and resources.
- Promotes and evaluates physician outreach programs as appropriate.
- Represents the organization in a positive and professional manner.
- Communicates the mission, vision, and values of the Department, the OSUCOM, and the OSUWMC.

D. Imaging Modality Directors

Each Imaging Modality Clinical Director or Technical Director is appointed by the Chair of the Department for a renewable one-year position reporting directly to the Department Chair; the position is renewable without term limit based on positive Annual Review. Each Clinical Director or Technical Director assists the Chair in: 1. Ensuring the efficient and effective clinical and/or technical operation of a specific Imaging Modality service line (e.g., CT, MR, US) through close regular coordination of activities with the Vice Chair for Radiology/Imaging Clinical Operations, Imaging Program administration and staff (i.e., technologists and nurses), Medical Physics faculty, and industry-partner representatives; 2. Coordinating the utilization of the specific imaging modality resources at OSUWMC in support of the Divisions in the Department and referring clinical services and researchers; and 3. Establishing and prioritizing Department/Imaging Program needs for new or replacement imaging equipment/capabilities and associated capital requests of OSUWMC leadership.

Specific responsibilities of the Imaging Modality Clinical Director or Technical Director include:

- Leads, directs, and monitors routine operations of the assigned imaging modality service line with oversight and accountability to ensure efficient, compliant, and professional services are designed to meet the needs of patients, referring physicians, faculty, staff, trainees, and the community.
- Regularly (and as requested) provides advice and consultation directly to Chair on clinical operational matters related to the service line.
- Collaborates with Department Chair, Vice Chairs, Division Chiefs, Department Administrator, departmental clinical faculty, and Imaging Program technical leadership in developing and establishing clinical practice programs and strategies to maximize quality assessments, volume statistics, billing and collections, expense & revenue trends.
- Leads the development, implementation, and modifications to clinical processes and activities to meet national practice trends.
- Collaborates with other OSUWMC operational leaders to identify opportunities that will result in quality & process improvements, greater safety & risk reduction, and programmatic growth & increased market share for the service line.
- Leads the development and implementation of strategies to optimize the efficiency and effectiveness of service line across the OSUWMC system, including safety and risk reduction and technology assessment.
- Actively participates in institution-wide initiatives to enhance patient services and ensure compliance with healthcare reform by continual monitoring and adherence to federal rules & regulations and governmental reimbursement systems.
- Provides leadership for education and training, including the instruction of technologists, trainees, and faculty, in relation to the service line.

E. Department/Program Committees

Much of the development and implementation of guidelines and programs of the Department and Imaging Program are carried out by standing or ad hoc committees. The Chair of the Department is an ex officio member of all Department or Imaging Program committees and may vote as a member on all, except on the AP&T Committee.

Standing committees for the Department/Program include the following:

Faculty-Related

- **AP&T Committee**
 - Charge: Oversees all aspects of Department AP&T process as well as departmental adherence to relevant OSUCOM guidelines.
 - Chair: Vice Chair for Radiology Academic Affairs, or appointed by Department Chair and functioning under direct supervision of Vice Chair for Radiology Academic Affairs.
 - Members: As outlined in Department AP&T document (available at <https://oaa.osu.edu/appointments-reappointments-promotion-and-tenure>)
 - Anticipated Meeting Frequency: As needed, but a minimum of 3 meetings per year.
 - Term: 3-year (renewable)

General Operations-Related

- **Committee of Vice Chairs**
 - Charge: Functions as an Executive Committee, assisting the Chair in providing oversight of general functions of Department, allowing representation of interests and concerns of individual Vice Chair focus areas
 - Chair: Chair of Department
 - Members: Vice Chairs and Department Administrator
 - Anticipated Meeting Frequency: Every month
 - Term: 1-year (renewable)
- **Committee of Division Chiefs**
 - Charge: Helps to provide oversight of general functions of Department, allowing representation of interests and concerns of individual Divisions
 - Chair: Chair of Department
 - Members: Division Chiefs (any Section Heads in Divisions with open Chief positions), Vice Chairs, Department Administrator, and Imaging Program Administrator
 - Anticipated Meeting Frequency: Every month
 - Term: 1-year (renewable)

Clinical Operations-Related

- **Committee on Imaging Quality & Process Improvement**
 - Charge: Helps to provide oversight of delivery of high-quality and efficient imaging-based care by Department/Imaging Program, often by responding to queries/suggestions/requests from other OSUWMC quality-focused groups
 - Chair: Chair of Department (or Vice Chair for Radiology/Imaging Clinical Operations)
 - Members: Multi-disciplinary representatives appointed by Department Chair, but open to entire Department/Program/OSUWMC communities
 - Anticipated Meeting Frequency: Monthly
 - Term: 4-year (renewable)
- **Committee on Imaging Safety & Risk Reduction**
 - Charge: Helps to provide oversight of delivery of safe (e.g. complication-free interventions) and risk-free (e.g. minimized risk from contrast or radiation exposure) imaging-based care by Imaging Program, often by responding to queries/suggestions/requests from other OSUWMC safety-focused groups.
 - Chair: Chair of Department (or Vice Chair for Radiology/Imaging Clinical Operations)
 - Members: Multi-disciplinary appointed by Department Chair, but open to entire Department/Program/OSUWMC communities
 - Anticipated Meeting Frequency: Monthly
 - Term: 4-year (renewable)
- **Mortality & Morbidity Conference**
 - Charge: Objectively review select clinical cases or issues in order to discuss management decisions, provide a learning opportunity focused on systematic thinking, and identify opportunities to improve patient safety and quality of care.
 - Chair: Vice Chair for Radiology/Imaging Clinical Operations
 - Members: Open to all Department faculty members and trainees, and to entire technical and nursing staff of Imaging Program
 - Anticipated Meeting Frequency: Monthly
 - Term: 4-year (renewable)

Research Operations-Related

- **Committee on Radiology/Imaging Research & Innovation**
 - Charge: Helps to provide oversight of meaningful Radiology and imaging-related basic- and clinical- research across the Department, including: 1. Junior research-focused faculty development; 2. Significant and durable extramural funding; and 3. Imaging resource utilization for research
 - Chair: Co-Chaired by Vice Chair for Clinical Radiology Research & Technology Assessment and Vice Chair for Biomedical Imaging Research & Innovation
 - Members: Multi-disciplinary representatives appointed by Department Chair, but open to entire Department/Imaging Program
 - Anticipated Meeting Frequency: Every other month
 - Term: 1-year (renewable)

Teaching Operations-Related

- **Diagnostic Radiology Clinical Competence Committee**
 - Charge: While reporting to the Vice Chair for Radiology Education, this Committee does the following on an every-6-month basis: 1. Reviews all Diagnostic Radiology resident evaluations; 2. Prepares a report on current status of each Diagnostic Radiology resident based on formative and summative evaluations (e.g. monthly evaluations, snapshot evaluations, 360

- evaluations); 3. Ensures that milestone assessments of each Diagnostic Radiology resident are reported to the ACGME when expected (December and June); and 4. Advises the Director of the Diagnostic Radiology Program regarding Diagnostic Radiology resident progress, including promotion, remediation, and dismissal
 - Chair: Director of Diagnostic Radiology Residency Program
 - Members: Appointed jointly by Director of Diagnostic Radiology Residency Program and Vice Chair for Radiology Education
 - Anticipated Meeting Frequency: Semi-annually
 - Term: 4-year (renewable)
- **Diagnostic Radiology Program Evaluation Committee**
 - Charge: This Committee assists the Director of the Diagnostic Residency Program in the following: 1. Plans, develops, and implements all educational activities of the Diagnostic Radiology residency program; 2. Reviews, and revises when necessary, the individual rotation competency-based goals and objectives; 3. Reviews annually, and revises when necessary, the formative evaluation tools used for rotations and ensures compliance with their use, including appropriate feedback to each Diagnostic Radiology resident; 4. Oversees the evaluation tools used for Department faculty and ensures compliance with their use, including appropriate feedback to each faculty member; 5. Conducts regular assessments of the Diagnostic Radiology residency program and prepares annual program evaluation as required by GME and ACGME; and 6. Addresses areas of non-compliance with ACGME standards.
 - Chair: Appointed by Director of Diagnostic Radiology Residency Program
 - Members: Appointed by Director of Diagnostic Radiology Residency Program
 - Anticipated Meeting Frequency: As needed
 - Term: 4-year (renewable)
- **Interventional Radiology Clinical Competence Committee**
 - Charge: While reporting to the Vice Chair for Radiology Education, this Committee does the following on an every-6-month basis: 1. Reviews all resident evaluations of Interventional Radiology rotations; 2. Prepares a report on current status of each Interventional Radiology resident performance based on formative and summative evaluations (e.g. monthly evaluations, snapshot evaluations, 360 evaluations); 4. Ensures that milestone assessments of each Interventional Radiology resident are reported to the ACGME when expected (December and June); and 5. Advises the Director of the Interventional Radiology Residency Training and Vice Chair for Radiology Academic Affairs and Education regarding Interventional Radiology resident progress.
 - Chair: Director of Interventional Radiology Residency Program
 - Members: Appointed jointly by Director of Interventional Radiology Residency Program and Vice Chair for Radiology Education
 - Anticipated Meeting Frequency: Semi-annually
 - Term: 4-year (renewable)
- **Interventional Radiology Program Evaluation Committee**
 - Charge: This Committee assists the Director of Interventional Radiology Residency Training in the following: 1. Plans, develops, and implements all educational activities of the Interventional Radiology resident training program; 2. Reviews, and revises when necessary, the individual rotation competency-based goals and objectives; 3. Reviews annually, and revises when necessary, the formative evaluation tools used for rotations and ensures compliance with their use, including appropriate feedback to each Interventional Radiology resident; 4. Oversees the evaluation tools used for Department faculty and ensures compliance with their use, including appropriate feedback to each faculty member; 5. Conducts regular assessments of the Interventional Radiology resident training program and prepares annual program evaluation as required by GME and ACGME; and 6. Addresses areas of non-compliance with ACGME standards.
 - Chair: Appointed jointly by Director of Interventional Radiology Residency Program and Vice Chair for Radiology Education
 - Members: Appointed jointly by Director of Interventional Radiology Residency Program and Vice Chair for Radiology Education
 - Anticipated Meeting Frequency: Semi-annually
 - Term: 4-year (renewable)
- **Radiology Fellowship Committee**
 - Charge: Establishes and reviews the guidelines and procedures pertaining to the ACGME and non-ACGME fellowship programs supported in the Department, and provides a forum for discussion related to generic issues related to the selection, training, and oversight of the fellows.
 - Chair: Vice Chair for Radiology Education
 - Members: All fellowship program directors and associate program directors
 - Anticipated Meeting Frequency: As needed
 - Term: 4-year (renewable)

F. Department Faculty Meetings

The Chair of the Department will strive to make arrangements for at least one meeting of the entire faculty of the Department per semester, but typically every 1-2 months.

For each Department Faculty Meeting (minutes are recorded, transcribed, proofed by Chair, and distributed by e-mail for departmental faculty approval at next meeting), a completed agenda will be distributed in advance to all Department faculty members; reasonable efforts will be made to distribute the agenda by e-mail at least 3 business days in advance. Minutes of each Department Faculty Meeting will be taken and then reviewed for approval by simple majority vote (50% plus one member) of the faculty members in attendance (including by phone connection) at the subsequent Department Faculty Meeting.

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

Each Division Chief is expected to hold monthly meetings of his/her Division faculty (with preset agenda and minutes are recorded, transcribed, proofed by Chief, distributed by e-mail for division faculty approval at next meeting, and submitted to the Chair).

G. Faculty Voting Procedures

On major issues of the Department requiring faculty approval, formal voting will be conducted using OSUWMC Outlook e-mail capabilities; the final results are subsequently compiled by the Vice Chair for Radiology Academic Affairs and/or Department Administrator and then presented as aggregate results (with individual faculty anonymity maintained) to the Department Chair. An important matter will be considered decided once a particular position is supported by a simple majority vote (50% plus one member) of those faculty members eligible to vote. In such cases, all votes must be received within 7 business days after electronic ballots have been issued.

When an important matter must be decided and a simple majority of all voting-eligible faculty members cannot be achieved on behalf of any position, the Chair will make the final decision and present the supporting reasons.

Special policies pertain to voting on personnel matters, and these are set for the in the Department AP&T document (available at <https://oaa.osu.edu/appointments-reappointments-promotion-and-tenure>).

H. Allocation of Department Funds, Space & Resources

1. Department/Program Funds

All financial decisions will be made according to the aforementioned governance of the Department, emphasizing the goal of optimally meeting the clinical, administrative, research, and teaching missions of the Department. The Department Chair has ultimate decision-making authority in all Department budgetary issues, but significant input from, and discussion with, Vice Chairs, Division Chiefs, Imaging Modality Directors, Department Administrator, and Imaging Program administration should be expected.

Financial resources for the Department can come from a variety of sources including the following: clinical practice income, OSUCOM or OSU support, OSUWMC allocations, individual hospital support, research grants, philanthropy, etc. The ultimate responsibility and accountability for the distributions of these funds within the Department resides with the Chair, who will abide by the guidelines established within the Department, OSUCOM, OSUWMC, or OSU in the process.

1. Office Space Assignment

All faculty members are entitled to office space according to the OSUWMC Space Guidelines and Space Allocation Guidelines [<https://onesource.osumc.edu/departments/Facilities/Documents/Space%20Policies.pdf>, log-on required]. The Chair of the Department, with the help of the Department Administrator, is responsible and accountable for the efficient management of provided office space according to that document.

2. Research Space Assignments

A Department faculty member may have research space assigned within the Department or within a center/institute, with oversight from the Dean of OSUCOM. Research space assigned by the Department is governed by OSUWMC Space Guidelines and Space Allocation Guidelines [<https://onesource.osumc.edu/departments/Facilities/Documents/Space%20Policies.pdf>, log-on required] which considers total grant awards per square foot of research space, total indirect cost recovery per square foot, and the quality and efficiency of the research space provided. The initial size and subsequent growth (or retrenchment) of laboratory space will depend upon the faculty member's ability to secure research funding. When the allocated research space is housed within a center/institute external to the OSUWMC, the guidelines and procedures for that center/institute will apply to the Department faculty member.

VIII. Educational Responsibilities of Department

A. Course Offerings and Teaching Schedules

The Vice Chair for Radiology Education will annually confirm with the OSUCOM or any other OSU departments/institutes/centers the schedule of instructional offerings by faculty members in the Department. Graduate courses supported by the Department will be offered at a time and frequency that meets the needs of the graduate students. Oversight for the quality of the Department instructional offerings will be provided by the Vice Chair for Radiology Education.

B. Department Faculty Teaching Responsibilities

All faculty members within the Department are expected to contribute to activities supporting the education and training of medical students, graduate students, residents, and fellows, unless deemed exempt by the Department Chair. Department faculty members with teaching assignments are expected to fully meet their responsibilities. These include, but are not limited to:

- Adhering to the curriculum the faculty member is assigned to teach
- Complying with trainee workload and work-hour restrictions
- Monitoring trainees for fatigue, stress, or impairment, and in the presence of any concerns, then notifying appropriate education leaders
- Completing accurate and useful evaluations of trainees in a timely fashion
- Mentoring trainees

Each faculty member with an educational leadership position (e.g. Director of Radiology Residency Program) will have expanded duties based on his/her position. They are expected to maintain an active teaching and supervisory role, adhering to the responsibilities above.

IX. Guidelines on Paid Personal External Activities

OSU policies with respect to supplemental compensation and paid external consulting are set forth in the OSUOAA Policies and Procedures Handbook [<https://oaa.osu.edu/policies-and-procedures-handbook>]. The Department adheres to these policies in every respect. In particular, the Department expects its faculty members to carry out the duties associated with their primary appointment with OSU at a high level of competence before seeking other income-enhancing opportunities. In addition, it is OSU policy that faculty may not spend more than one business day per week on supplementary-compensated activities and external consulting combined.

Any outside activity providing a Department faculty member with supplemental compensation, such as external consulting, must be approved in advance by the Department Chair, regardless of the source of compensation. Approval will be contingent on the following: 1. Extent to which the faculty member is carrying out regular duties at an acceptable level; 2. Likelihood that the outside activity would interfere with regular duties of the faculty member; and 3. Academic value of the proposed activity to the Department.

A faculty member in the Department who fails to adhere to OSU policies on these matters, including seeking prior approval for external activities, will be subject to disciplinary action.

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

X. Conflicts of Interest or Commitment

A. Conflict of Interest

OSU policy with respect to financial conflicts of interest is set forth in OSU's Policy on Faculty Financial Conflict of Interest [<https://oaa.osu.edu/sites/default/files/uploads/policies/Faculty-Financial-Conflict-of-Interest.pdf>]. A conflict of interest exists if financial interests or other opportunities for tangible personal benefit may exert a substantial and improper influence upon the professional judgment of a faculty member or administrator in exercising any OSU duty or responsibility, including designing, conducting, or reporting research.

Each Department faculty member is required to complete a conflict of interest form annually, with updates required whenever new activities pose the possibility of new financial conflicts of interest. Department faculty who fail to either complete this process or cooperate with OSU officials in the avoidance or management of potential conflicts will be subject to disciplinary action.

B. Conflict of Commitment

OSU policy with respect to conflict of commitment is set forth in the Policy on Faculty Conflict of Commitment [<http://oaa.osu.edu/assets/files/documents/conflictofcommitment.pdf>].

A conflict of commitment exists when external or other activities are so substantial or demanding as to interfere with the individual faculty member's service and/or responsibilities to the Department, OSUCOM, or OSU. Faculty members are expected to disclose and discuss any external commitments not directly related to his/her regular assignments with the Department Chair. If an activity cannot be managed by the faculty member and the Chair to avoid a conflict, or the reasonable appearance of a conflict of commitment, the faculty member must refrain from participating in the external activity.

IX. Grievance & Appeal Procedures

A faculty member in the Department is encouraged to seek informal resolution to concerns within their respective Division. If this is not possible, or does not lead to satisfactory resolution, a Department faculty member with grievances should discuss them with the Department Chair who will review the matter as appropriate and either seek resolution or explain why resolution is not possible; the Vice Chair for Radiology Academic Affairs will assist the Chair in the review and examination of grievances and will help oversee resolution of the grievance processes. Content describing procedures for the review of specific types of complaints and grievances follows:

A. Salary Grievances

A Department faculty member who believes that his/her salary is inappropriately low should first discuss the matter with the Department Chair and Department Administrator [<http://medicine.osu.edu/faculty/guidelines/pages/salaries.aspx>]; the faculty member should provide documentation to support the complaint. Faculty members who are not satisfied with the outcome of the discussion with the Chair and wish to pursue the matter further may be eligible to file a more formal salary appeal [<https://oaa.osu.edu/policies-and-procedures-handbook>].

For Department staff, salary grievances are discussed with the Department Administrator and Department Chair who will work closely with the Department's Human Resources (HR) business partner for resolution. If the staff member is not satisfied with the outcome and wishes to pursue the matter further, he/she should contact [Employee and Labor Relations](#) in the Office of HR.

B. Faculty Promotion & Tenure Appeals

P&T appeals follow the procedures set forth in Faculty Rule 3335-5-05 [<https://trustees.osu.edu/university-faculty-rules/3335-5>].

C. Faculty Misconduct

Complaints alleging faculty misconduct or incompetence follow the procedures set forth in Faculty Rule 3335-5-04 [<https://trustees.osu.edu/university-faculty-rules/3335-5>].

D. Sexual Misconduct

OSU policy and procedures related to sexual misconduct are followed as set forth in OHR Policy 1.15 [<https://hr.osu.edu/wp-content/uploads/policy115.pdf>].

E. Student Complaints

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

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

F. Professional Student Honor Code

The university's code of student conduct can be found at [<https://trustees.osu.edu/bylaws-and-rules/code>].

Document History:

Sent to Department faculty voting: 06/12/2019

Confirmation of Department faculty majority vote of approval and OSUOAA submission: 06/24/2019

Request for revision from OSUOAA: 07/03/2019

OSUOAA submission of revision: 07/10/2019

Appendix A

Department of Radiology: Clinically Focused Faculty Compensation Plan

Philosophy

The goal of the Compensation Plan for clinically focused faculty in the Department of Radiology is to provide competitive, merit-based compensation for the purpose of attracting and retaining the most talented faculty possible. Further, the Compensation Plan is structured to provide a logical and understandable foundation for offering compensation which is appropriate to the individual faculty member's unique "added value" contributions to the clinical, research, and educational missions of the organization while emphasizing the team-based functioning of the Department.

Compensation of clinically focused faculty in the Department of Radiology will be primarily driven by combined individual and team expectations for metric-based performance and delivery on desired outcomes in the areas of patient care, professionalism, service, administration, research, innovation, teaching, and/or training. The Compensation Plan will support the development and maintenance of a high-performing, nationally/internationally recognized, top-ranked academic Radiology program meeting the imaging-related needs of The Ohio State University (OSU) College of Medicine (COM) and Wexner Medical Center (WMC) community.

The components of the Compensation Plan will include the following basic components:

- X: Academic (Faculty) Base Salary
- Y: Supplemental (Clinical) Base Salary
- X + Y: Total Base Salary
- Z: Incentive/Bonus Payment

Compensation Components

Note: All principles in the general faculty Compensation Plan document are assumed to apply. This document is only an amplification/clarification of the version to be applied to clinically focused faculty in the Department of Radiology.

Throughout this document, target compensation is defined as the 50th percentile, and target wRVU productivity as the 65th percentile, for the sake of simplicity and illustrative purposes. Alternative compensation targets for Total Base Salary (ranging from 25%-55%) may be applied as long as a positive 15 point percentile gap to the wRVU productivity target is also used. For example, if Total Base Salary is at the 45th percentile, wRVU targets would be set at the 60th percentile for productivity.

Total Base Salary (X+Y Component)

Total Base Salary will most often be based on the 50th percentile of the 3-year rolling average (most current year, and previous 2 years) of the AAARAD benchmark per both academic rank and Radiology subspecialty. However, the Department Chair will have the discretion to initiate the Total Base Salary component from 25-55th percentile in specific instances related to strategic hiring.

Productivity requirements to receive Total Base Salary (X+Y Component) as applied to the "cart" budgeting model:

Clinical (c)

1. Each clinically focused faculty member will be required to contribute clinical effort to generate wRVUs most often at the 65th percentile (imputed) of the 3-year rolling average of the AAARAD benchmark for his/her academic rank and Radiology subspecialty, and then prorated for billable clinical FTE (cFTE) as aligned with the faculty member's P&T track/pathway.
 - Faculty who have non-traditional shifts such as night radiologists will have a productivity benchmark based upon their specialty, prorated for the number of days that are actually worked in a year, as compared to their daytime partners.
2. Individual annual wRVU expectations will be adjusted as appropriate for University-approved events – e.g. maternity/paternity leave, sick leave, FMLA, etc. as per current OSU HR policies. When considering total time allowed by policies, all efforts (including clinical, administration, teaching, and research release time reflected in the "cart" budgeting model) will be considered in calculating wRVU adjustments.

3. Annual shift requirements will be set by the Division Chief (and/or Department Chair), in alignment with the faculty member's cFTE, in order to meet the clinical needs of the Division/Department. Overall expectations will be set prior to the start of each year, and as needed during the year, in order to align with current operating needs. These expectations will delineate regular shift requirements and those that would be above and beyond a standard schedule.
4. Collective failure to meet Department expectations and/or individual failure to meet wRVU expectations and the annual shift requirement, may cause a reduction in Total Base Salary (X+Y Component) with the start of the next fiscal year.
 - If an individual faculty member falls short of the quality and productivity targets, the Chair may take reasonable and appropriate action. However, the Chair may choose not to take action if the Department, or Division to which the individual is assigned, met the productivity expectation as a whole. Should the quality and productivity not satisfy the targets, the Clinical Services Salary (CSS) (i.e., Total Base Salary adjusted to cFTE) may be reduced to meet the targeted 15 point gap to wRVU level of current productivity.
 - Similarly, if the Department targets are missed, CSS for the clinical focused faculty as a group will need to be adjusted such that the collective Department productivity satisfies the 15 point gap.
 - Extenuating circumstances, such as changes in other hospital services affecting the Department/Division, construction, efficiency issues outside of the Department's control, etc., will be taken into consideration.

Non-Clinical Compensation (Administrative, Research, & Teaching)

1. Compensation for administrative, research, and teaching components of the Department of Radiology will be consistent with the general faculty Compensation Plan (Please refer to the general Compensation Plan for more details).
2. Department administrative roles will have aFTE release time "buy-down", along with specific job descriptions and metrics outlining the work expected. Administrative roles (funded by the Department or elsewhere within OSU), may not exceed 50% of the total FTE. The Departmental-specific aFTE release time is as follows:
 - Vice Chair: 0.40 aFTE
 - Division Chief: 0.20 aFTE

Incentive/Bonus Payment (Z Component – Standard and Z')

Note: Department Chair (with Vice Chair, Division Chief, and Administrative leadership input) has final discretionary authority over all Incentive and Bonus payments.

1. Clinical Professional Citizenship Incentive Payment (Paid monthly)

- As a professional citizenship Incentive, all clinically focused faculty in the Department of Radiology will be eligible to receive up to 5% of his/her Total Base Salary (X+Y Component) related to the following measures (including, but not limited to):
 - Meets requirements to maintain Board Certification, and any appropriate subspecialty requirements.
 - Reaching at least adequate service satisfaction levels (e.g. 3 on 1-5 scale) from clinicians based on regular evaluations of each radiologist by the top-3 referring physicians.
 - Adherence to performance not resulting in a Sentinel Event (e.g., "hard-stop" to a procedure).
 - Number of patient, referring physician, and coworker complaints to Division Chief or Department Chair concerning behavior, communication, and professionalism (acceptable <=2 per year).
- The Clinical Professional Citizenship Incentive will be paid prospectively (on a monthly basis). Failure to meet these quality metrics will result in a 5% reduction in Total Base Salary (X+Y Component) in future pay periods (as determined by Department Chair).

2. Clinical-Productivity Bonus Payment (Standard Z Component)

As discussed above, the Department as a whole, must exceed the 15-point Total Base Salary-to-wRVU gap (typically, 50th and 65th percentile-imputed, respectively) productivity threshold in order to be eligible for distribution of any clinical-productivity bonuses. Additionally, each faculty member must also meet his/her individual productivity expectation, unless otherwise explainable by the Department Chair (with Division Chief input).

Although locum- or additional shift- generated wRVUs will contribute to the total Department productivity threshold, they will not be included in the bonus calculation and distribution, but rather will become Department funds for Chair-directed support of other needs.

- **Calculation of Clinical-Productivity Bonus:**

- **The plan will include Department and Division group targets. Excesses or shortages could potentially occur in either target based on the following calculation steps:**

- **Step 1: Calculate collective wRVU target.**

- (Total Billable cFTEs) * (AAARAD “target” percentile wRVUs by Department/Division) or
Sum of individual wRVU expectations for physicians in Department/Division

- **Step 2: Calculate wRVUs available for Bonus.**

- Collective Annual wRVUs – Collective Target wRVUs

- **Step 3: Calculate dollars available for Bonus.**

- Department Z Payment Rate per wRVU * Sum collective above-threshold wRVUs available for Bonus payment

- **Distribution of Clinical-Productivity Bonus**

- **20% - Academic Assessment**

- Funds academic mission of the Department (related to clinical growth, research, and education).

- **50% - Individual Bonus Distribution (Paid quarterly with annual reconciliation)**

- Bonus payout will be weighted based upon individual wRVU performance against the total Department excess wRVUs.

- **30% - Division Bonus Distribution (Paid annually)**

- Will be based on a point system with the following 1-point metrics (scored by the Department Chair):

- Division Turn-Around-Time targets met

- Division 15-point Total Base Salary-to-wRVU gap met

- Division positive P&L bottom line

- Division-wide indicators of clinical service, quality, and professionalism (i.e., formal complaints <=2 per year; no primary Sentinel Events)

- Involvement in strategic advancement (i.e., outreach growth, clinical trial support, etc.), as defined in Department and organizational fiscal year scorecard.

- Active participation in hospital peer-review process, Radiology Quality & Process Improvement Committee or Radiology Safety & Risk Reduction Committee

- Based on funds available for this pool (i.e., 30% of total Clinical-Productivity Bonus funds), an allowance per point will be established and paid out to each Division; the payout to the individuals will be weighted based on individual Total FTE.

- In collaboration with the OSUP Compensation Committee, the Department Chair will have overall discretion of all clinical-productivity Bonus payments.

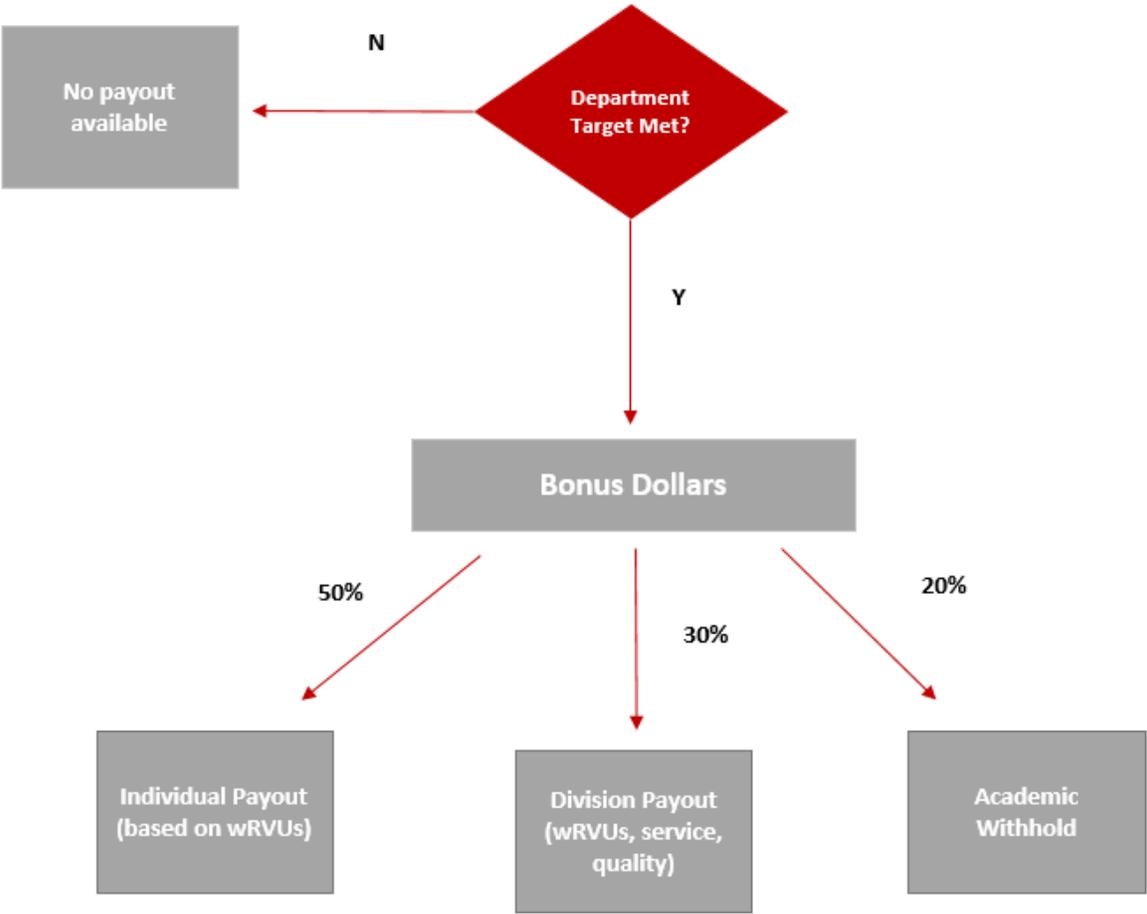
3. Additional Clinical Shifts (Z' Component) (Paid monthly)

- At times, there may be the need for clinically-focused faculty in the Department to cover additional shifts due to staffing shortages. These shifts are only those above and beyond those outlined in the baseline expectations.
- These shifts will be compensated per the current Supplemental Pay Policy.

4. Non-Clinical Bonus Payments (Administrative, Research, & Teaching)

- Bonus payments for administrative, research, and teaching will be consistent with the general faculty Compensation Plan (Please refer to the general Compensation Plan for more details).
- Individuals who hold Department administrative appointments will be eligible for annual Leadership Service bonuses based upon pre-defined metrics that demonstrate achievement of excellent performance. This incentive will be supported by available Z funds. Targets for these Leadership Service annual bonuses, based on performance, will be:
 - Vice Chair: ≤ \$ 75,000
 - Division Chief: ≤ \$ 50,000
 - Section Head or Director: ≤ \$ 25,000

Clinical Productivity Payout - Process Map



Approved by Faculty Group Practice Compensation Committee: 11/15/18

Appendix B

Compensation & Incentive Plan for Research/Technology-Focused Radiology Faculty

Definition of Research/Technology-Focused Radiology Faculty (RTFRF): This faculty title applies to non-clinical MD/PhD-or PhD-level faculty in the Department of Radiology assigned to the first or both of the following RTFRF Categories:

Category 1: Division/Faculty Member-centric and directed pursuit of basic or translational research with self-funding expectations according to prevailing approved OSUCOM guidelines/policies

Category 2: Department/Imaging Program-centric and directed subspecialty technical work supporting maintenance and advancement of state-of-the-art clinical imaging with related clinical research; areas of technical contribution include:

- Medical Physics services and development/implementation, such as:
 - Scanner performance in compliance with regulatory agencies
 - Quality assurance in image-data acquisition, reconstruction, and display
 - Medical radiation reduction algorithm identification and application
- Advanced Imaging Applications development/implementation, such as:
 - Collaboration with academic consortia (e.g. NIH, NSF, DOD, state agencies, professional societies) or medical industry to identify novel and innovative imaging techniques and conduct preliminary IRB-approved clinical validation testing leading to routine use in patients at OSU Wexner Medical Center (OSUWMC)
 - Engagement in image-data analytics including advanced post-processing and quantitative evaluations
- Medical Informatics oversight and development/implementation, such as:
 - Liaison with OSUWMC IT group in the optimization of Epic Radiant RIS for responsiveness to growing internal and external (e.g. expansion to OSUWMC Affiliates) clinical expectations, research expansions, and educational advancements
 - Imaging data repository formation for multicenter collaborations based on quantitative analyses

The assignment of work effort for individual RTFRF members to Category 1, reflected by research FTE (rFTE), and/or to Category 2, reflected by administrative FTE (aFTE) or non-billable clinical FTE (non-billable cFTE) defines the basis for scholarly contributions to the missions of the Department, OSUCOM, and OSU. At the same time, the balance of rFTE, aFTE, and non-billable cFTE delineates differing opportunities for self-funding and financial support of the Department of Radiology/Imaging Program and OSUWMC.

RTFRF members are evaluated annually in the same fashion as MD-level clinical Radiology faculty, during which progress along their selected AP&T Track/Pathway is assessed. Those with total FTE work efforts represented only by rFTE (no aFTE) are represented by Category 1 alone and are either in the Tenured/Tenure-Track: Basic Science Pathway or Research (non-Tenure) Track/Pathway. On the other hand, RTFRF members with total FTE work efforts represented by combinations of rFTE, aFTE, or non-billable cFTE, and thus by both Categories 1 and 2 combined, are in the Tenured/Tenure-Track: Clinical Science Pathway or Clinical (non-Tenure) Track: Clinical Scholar Pathway.

The presence of 2 types of imaging scientists in academic Departments of Radiology nationwide, with different patterns of compensation, has been recognized by The Association of Administrators in Academic Radiology (AAARad); AAARad produces annually the results of a nationwide survey of compensation for academic radiologists (currently utilized by the Department of Radiology in OSUCOM) as well as for "Master Scientists" (corresponding to RTFRF Category 1) and "Medical Physicists" (corresponding to RTFRF Category 2), but logically extrapolated to scientists focused on Advanced Imaging Applications or Medical Imaging Informatics who also contribute greatly to both the OSUCOM Department of Radiology and OSUWMC Imaging Program.

The proposed Compensation Plan for RTFRF members in the Department of Radiology draws on the annual Fiscal Year Faculty Salary & Productivity Survey data, uniting systematically the approach to compensation of both clinical and non-clinical faculty in the Department of Radiology. In short, the following methodology would be used:

- rFTE portion:
 - 25th-75th percentile per academic rank (e.g. Assistant Professor vs. Professor)
 - Self-funding expectations according to the Pattern of Administration of OSUCOM Department of Radiology, as well as OSUCOM Faculty Workload policy and Effort on Grants policy
- aFTE/non-billable cFTE portion:

- 25th-75th percentile per academic rank (e.g. Assistant Professor vs. Professor)
- Subject to expectations for complete self-funding (salary, benefits, and appropriate administrative expenses) based on collections for professional services or in-kind support
- Total FTE compensation (rFTE portion+ aFTE portion + non-billable cFTE portion)
 - 25th-75th percentile per academic rank (e.g. Assistant Professor vs. Professor)
 - If 25th - 50th percentile: Chairman may initiate
 - If >50th percentile: Requires approval from Faculty Physician Hiring Committee
 - Please see pages 3-6 for the bonus plans related to Category 1 and Category 2. If a faculty member splits his or her time between both Category 1 and Category 2, the bonus will be prorated for the FTE related to each category. Category 1 faculty will follow the OSUCOM non-Clinical Faculty Incentive Program (see pages 3-4). The Category 2 Department of Radiology non-Clinical Faculty Incentive Program can be found on pages 5-6.

Category 1 RTFRF Bonus Plan

College of Medicine Non-clinical Faculty Incentive Program

Goal: To create research incentive program for highly productive non-clinical faculty within the OSUCOM.

Guiding Principles:

1. While all mission areas are important, this program is designed to incentivize faculty performing beyond expectations in relation to salary recovery from extramural funding.
2. Program will reward faculty equitably across the college, regardless of their home department, academic track, or rank. To accomplish this, incentive levels will not be based on base salary.
3. Program will provide individual investigators with ability to incentivize their own salary and/or research program.
4. Program is designed to reward all faculty that have received significant new extramural research awards.

Benefits:

1. Provide a standardized and transparent platform for incentivizing research performance in the OSUCOM.
2. Provide a clear mechanism to illustrate potential total compensation for new recruits to the OSUCOM.
3. Enable Chairs to retain high performing faculty.
4. Enable Chairs to recruit high performing faculty.

Program Details:

Component A: Salary coverage above contractual expectation.

Summary: Faculty will be provided an incentive bonus based on salary coverage above contractual level. Level will be based on total pool available in the OSUCOM.

1. Payout for Component A will be based on faculty salary coverage above expectation outlined in Letter of Offer. For faculty where this number is not specifically noted, it will be based on 50% salary coverage.
2. A faculty with 55% coverage on extramural funding with an expectation of 50% salary would receive 5 points. Number will be based on the monthly average of a faculty member over each fiscal year.
3. Total resource pool for Component A will be half (50%) of salary/benefit recovery of eligible faculty pool above Incentive Baseline. In FY17 this number was \$1.16M (Incentive Fund) from ~60 faculty. The aggregate point total for these faculty above Incentive Baseline was ~1,260 points.
4. Payout per point will be based on Incentive Fund/total points. Thus, for FY17, the payout would be \$1,160,000/1260= \$916/point.

Component B:

1. Faculty will receive \$2,500 bonus based on each decile level covered above 50%. For example, faculty covering 82% will receive a \$7,500 bonus in addition to bonus received from Component A.

Component C:

1. Faculty will receive \$5,000 bonus for each new competitive grant (or grant renewal) with direct cost/year above \$175,000 and receiving full indirect costs. If multi-PI grant, bonus will be split between faculty members.
2. Faculty will receive \$7,500 bonus for serving as PI for each T32 or P01 awarded (or recompetes). If multiple PIs, the award will be divided between the PIs.

Programmatic Points:

1. Any funds awarded to faculty will first go toward correcting any over-spending of PI projects.
2. Plan would be for all non-clinical and non-research track faculty in the OSUCOM.
3. Chairs and Directors may take bonus plan in lieu of current bonus structure but may not participate in multiple plans. Chairs and Directors are eligible for Component C.
4. Faculty already receiving a bonus cannot take a second bonus with exception of Component C unless a similar program exists in their current plan.
5. All new faculty will utilize this bonus structure.
6. Research faculty while eligible for Component C, are not eligible for Components A & B.
7. Salary that is currently being "cost-shared" and already returned to faculty will be excluded from bonus calculation.
8. Funds for bonus will come from the OSUCOM.
9. Bonus will pay out by end of October of next FY.

Example: Faculty member covering 50% on Grants as PI, 24% as co-PI, and just awarded new R01. Calculation:

Component A = $24 \times \$916/\text{point} = \21984

Component B = $2 \text{ (b/c paying in 70-79\% band)} \times \$2500 = \$5,000$

Component C = $\$5,000 \text{ for new R01} = \5000

Total annual payout to salary or research program = $\$31,984$

Category 2 RTFRF Bonus Plan

RTFRF, inclusive of non-MD faculty currently functioning in either the Division of Medical Physics or the Division of Medical Imaging Informatics supporting clinical Radiology services (defined as Category 2), have the opportunity to earn bonuses for high performance related to clinical support, research, or technical contribution.

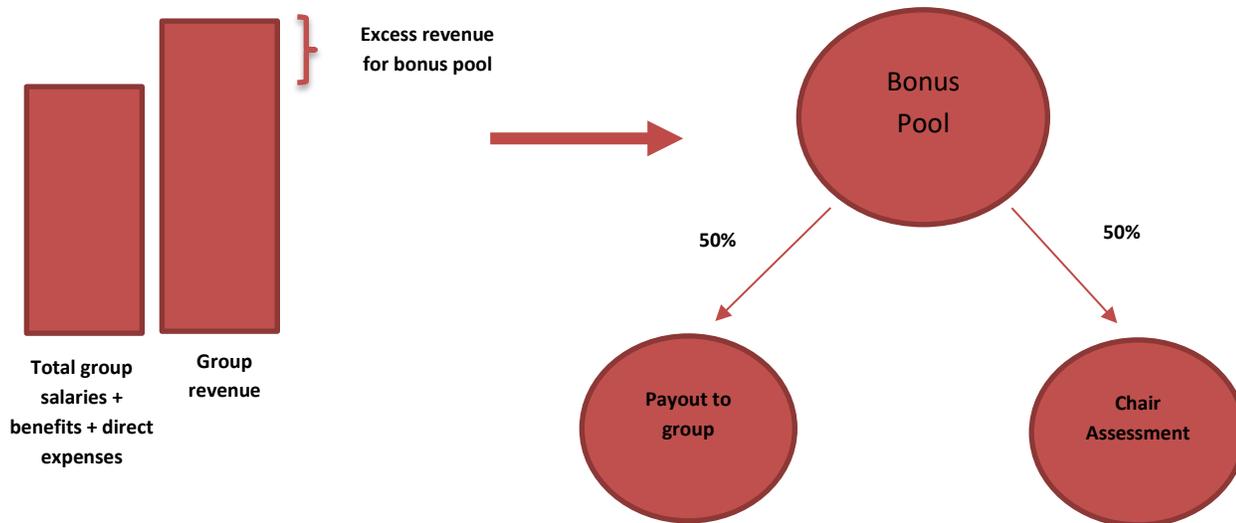
In order for faculty to participate in the model, the following citizenship metrics must be met:

2. Meets requirements to maintain Board Certification, if applicable.
3. Adherence to performing a "hard-stop" to a procedure if safety assurance (e.g., scanner malfunction) is not met.
4. Number of facility administrator or coworker complaints to Division Chief or Department Chair concerning behavior, communication, and professionalism (acceptable ≤ 2 per year).

The incentive model is as follows:

Part I: Salary Coverage

For each general service line listed in the RTFRF compensation plan (i.e., medical physics, advanced imaging applications, and medical imaging informatics), a bonus pool will be created annually based upon dollars earned above and beyond contractual salary + benefit coverage + direct expenses (e.g., PERA funds). This pool will then be distributed with: 1. 50% held by Chair to support overhead expenses and strategic initiatives related to the specific groups providing these services (Division of Medical Physics, and Division of Medical Imaging Informatics); and 2. 50% going to the specific groups themselves, with payout dispersed evenly based upon total FTE. For faculty who split time between RTFRF and other faculty roles, the bonus will be prorated based on this split.



Part II: Competitive Grants

Additionally, comparable to purely research-focused faculty, Category 2 RTFRF faculty have the opportunity to earn a one-time \$5,000 bonus for each new competitive grant (or grant renewal) with direct cost/year above \$175,000 and receiving full indirect costs; if a multi-PI grant, the bonus will be split between faculty members. If the faculty member is serving as PI for a T32 or P01, he/she will instead receive a one-time \$7,500 bonus for each award (or recompute). If there are multiple PIs, the award will be divided between the PIs.

Appendix C

College of Medicine Non-Clinical Faculty Incentive Program

Goal: To create research incentive program for highly productive non-clinical faculty within the College of Medicine.

Guiding Principles:

1. While all mission areas are important, this program is designed to incentivize faculty performing beyond expectations in relation to salary recovery from extramural funding.
2. Program will reward faculty equitably across the college, regardless of their home department, academic track, or rank. To accomplish this, incentive levels will not be based on base salary.
3. Program will provide individual investigators with ability to incentivize their own salary and/or research program.
4. Program is designed to reward all faculty that have received significant new extramural research awards.

Benefits:

1. Provide a standardized and transparent platform for incentivizing research performance in the College of Medicine.
2. Provide a clear mechanism to illustrate potential total compensation for new recruits to the College of Medicine.
3. Enable Chairs to retain high performing faculty.
4. Enable Chairs to recruit high performing faculty.

Program Details:

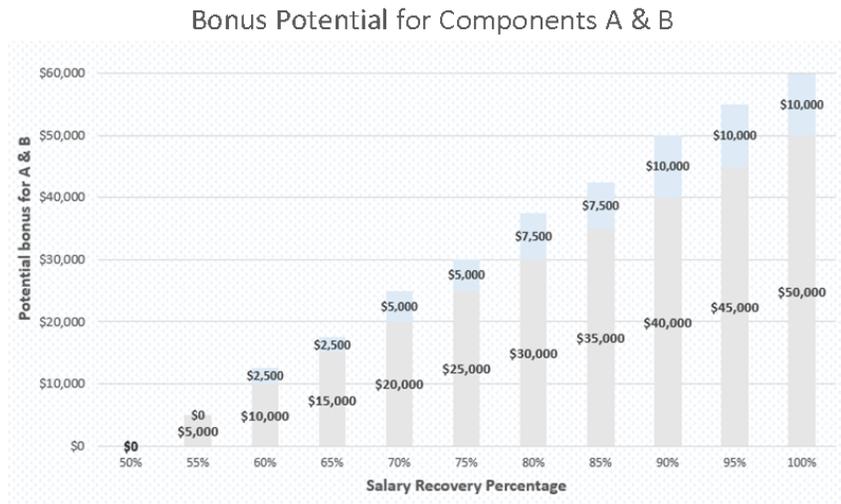
Summary: Faculty will be provided an incentive bonus based on salary coverage above contractual level with salary coverage calculated as the monthly average over the incentive period. Data used in all calculations is as of the last day of the current fiscal year, June 30th. (*Cost share is not equal to salary recovery*)

Component A:

1. Payout for Component A will be based on the greater of faculty salary coverage above expectation outlined in Letter of Offer or 50% salary coverage where this number is not specifically noted.
2. A faculty with 55% coverage on extramural funding with an expectation of 50% salary would receive 5 points.
3. Total resource pool for Component A will be half (50%) of salary/benefit recovery of eligible faculty pool above Incentive Baseline. In FY18 this number was \$1.3M (Incentive Fund) from ~60 faculty. The aggregate point total for these faculty above Incentive Baseline was ~1,300 points.
4. Payout per point will be based on Incentive Fund/total points. Thus, for FY18, the payout would be $\$1,300,000/1300 = \$1000/\text{point}$.

Component B:

1. Faculty will receive \$2,500 bonus based on each decile level covered *above* 50%. For example, faculty at 61% salary recovery will have covered one decile above 50% and would receive \$2500; faculty covering 82% will receive a \$7,500 bonus in addition to bonus received from Component A.



Component C:

1. Faculty will receive \$5,000 bonus for each new competitive grant (or grant renewal) with direct cost/year above \$175,000 and receiving full indirect rate of 56% (FY19 rate). If multi-PI grant, bonus will be split evenly between PIs.*
2. Faculty will receive \$7,500 bonus for serving as PI for each T32 or P01 awarded (or re-compete). If multiple PIs, bonus will be split evenly between PIs.*

****Contact PI must notify COM Office of Research to request a different allocation. Request must be done in writing and received no later than June 30th of the current fiscal year.***

Programmatic Points:

1. Any funds awarded to faculty will first go toward correcting any over-spending of PI projects.
2. Plan would be for all non-clinical and non-research track faculty in CoM.
3. Salary recovery calculation for 9 month faculty will be based solely on base salary. ODP (off duty pay) is not applicable.
4. Chairs and Directors may take bonus plan Component C in lieu of current bonus structure but may not participate in multiple plans. Chairs and Directors are not eligible for Components A & B.
5. Faculty already receiving a bonus cannot take a second bonus, with exception of Component C, unless a similar program exists in their current plan.
6. All new faculty will utilize this bonus structure.
7. Research faculty while eligible for Component C, are not eligible for Components A & B.
8. Salary that is currently being “cost-shared” and already returned to faculty will be excluded from bonus calculation.
9. Funds for bonus will come from College of Medicine.
10. Bonus will pay out by end of October of next FY.

Example: Faculty member covering 50% on Grants as PI, 24% as co-PI, and just awarded new

R01. Calculation: Component A = 24 x \$1000/point=\$24,000

Component B= 2 (b/c paying in 70-79% band) x \$2500= \$5000

Component C=\$5000 for new R01= \$5000

Total annual payout to salary or research program= \$34,000

Appendix D



Wexner
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Radiology Business Leave & Travel Expenditures

Guideline 001

Department of Radiology

Applies to: All members of Department of Radiology

Guideline

This document addresses the procedures to follow in order to gain approval for leave, financial support, and reimbursement related to out-of-town business (e.g. conference attendance).

Guideline Details

The Department of Radiology will pay for reasonable and necessary expenses that are incurred in connection with authorized business travel on behalf of the Department of Radiology. **A University Business Leave request must be submitted prior to the trip (<http://eleave.osu.edu>).**

Travelers should incur the lowest reasonable travel expenses and exercise care to avoid impropriety and/or the appearance of impropriety.

In accordance with the State of Ohio Ethics Commission rulings, travelers may accrue frequent flyer miles, hotel points, rental car enticements or other travel industry inducements from university-related business travel. These incentives must be redeemed for university-related business travel only. It is the traveler's responsibility to track accrual/usage for auditing purposes.

Travel will only be paid when expenses are incurred at locations specific to the business purpose.

In cases where vacation time is added to a business trip, any cost variance in expenses such as airfare, car rental and/or lodging must be clearly identified and documented.

The department does not provide reimbursement for travel expenses of family members and others who accompany department employees on business trips. This policy does not preclude family members and others from accompanying travelers. Departmental business is expected to be of primary importance during business travel.

Upon completion of the trip, and within 90 days, the traveler must submit all supporting documentation to obtain reimbursement of expenses. Supporting documentation includes original, itemized receipts. When a submitted receipt does not have adequate information or is of poor quality, additional proof of payment (such as a credit card statement) may be required.

The department reserves the right to deny payment or reimbursement of travel related expenses for failure to comply with travel policies and procedures.

The following expenses cannot be prepaid or reimbursed:

- Airline club memberships
- Child-care, babysitting, house-sitting, pet-sitting/kennel charges
- Commuting between home and primary work site
- Costs incurred by failure to cancel travel or hotel reservations in a timely fashion
- Evening or formal wear expenses
- First class tickets
- Haircuts and personal grooming

- Laundry and dry cleaning
- Vaccinations, and visas when not required as a specific and necessary condition of the travel assignment
- Personal entertainment expenses including in-flight movies, headsets, health club facilities, hotel pay-per-view movies, in-theatre movies, social activities and related incidental costs
- Private car and hired driver (taxi not included)
- Personal travel accident insurance premiums and/or personal travel insurance
- Other expenses deemed not directly related to the business travel

If a circumstance arises that is not specifically covered in the travel policy, the most conservative course of action should be taken.

TRAVEL EXPENSES/METHODS OF PAYMENT AND REQUIRED DOCUMENTATION

Airfare & Rail	
University's designated travel agencies are the required supplier. Travelers are expected to book the lowest available economy class airfare, consistent with business requirements. Availability of lower air fares is greater when reservations are made well in advance; the best practice is to book as far ahead as feasible once travel plans are finalized.	
Payment Options	Documentation Required
<ul style="list-style-type: none"> • Travel System (pre-paid) 	<ul style="list-style-type: none"> • Documentation of itinerary via Travel System.

Personal Auto	
Mileage will be reimbursed in the travel system for personal vehicles as a primary mode of transportation if the cost does not exceed the least expensive airfare. Additional expenses, including but not limited to hotel expenses and Per Diem, should be considered when comparing the cost of a trip by auto to airfare. Documentation (e.g. airfare quote) is required to demonstrate cost comparison when considering driving over flying.	
Reimbursement for usage of a personal automobile is based on the IRS mileage rate. IRS mileage rate includes all vehicle related expenses (i.e. gasoline, wear and tear and personal auto insurance).	
Payment Options	Documentation Required
<ul style="list-style-type: none"> • Reimbursement Only. Mileage may be reimbursed in the travel system after the trip is completed. 	<ul style="list-style-type: none"> • Documentation of mileage distance (e.g. MapQuest).

Conference Registration	
Business-related banquets or meals that are considered part of the conference can be paid with the registration fee or reimbursed as appropriate. These meals must be deducted from the traveler's Per Diem allowance.	
Activities such as golf outings, sightseeing tours and other entertainment costs will not be paid by the department.	
Payment Options	Documentation Required
<ul style="list-style-type: none"> • Department pre-payment, if applicable (eRequest) • Reimbursement may be made in the travel system after the trip is completed. 	<ul style="list-style-type: none"> • If the conference registration was not prepaid, the conference registration form and the original, itemized receipts are required. If the conference does not provide a receipt, documentation showing that the amount was paid is required for reimbursement (e.g. cancelled check, credit card statement).

Ground Transportation	
Use the lowest cost ground transportation consistent with business needs. For example, many hotels offer free airport shuttles, which should be used whenever practical.	
Payment Options	Documentation Required

<ul style="list-style-type: none"> • Reimbursement Only. Ground transportation may be reimbursed in the travel system after the trip is completed. 	<ul style="list-style-type: none"> • An original, itemized receipt.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Rental Car

Use of an automobile as a primary mode of transportation is authorized only if driving is more economical than any other type of transportation or if the destination is not otherwise accessible. Documentation (e.g. airfare quote) is required to demonstrate cost comparison when considering driving over flying.

All rental cars require preapproval. Approval will only be granted when it can be demonstrated that renting a car would be more cost-effective than the use of a taxi or shuttle.

Damage Waiver (DW) / Collision Damage Waiver (CDW) / Loss Damage Waiver (LDW) and Liability insurance coverage are required. The department will not reimburse any other type of supplemental insurance.

The cost of a GPS service on car rentals is not considered a necessary business expense and is not reimbursable.

Rental Source	Payment Options	Documentation Required	Considerations
OSU - contracted rental car agencies (refer to Travel Office website or Department Travel Initiator)	<ul style="list-style-type: none"> • Reimbursement Only. Rental car may be reimbursed in the travel system after the trip is completed. 	<ul style="list-style-type: none"> • Fully executed rental agreement signed by traveler indicating DW / CDW / LDW and Liability insurance (must include the cost, dates and travel locations). • Original, itemized receipts. 	<ul style="list-style-type: none"> • Negotiated discounted pricing. • DW / CDW / LDW and Liability insurance included at no additional cost (traveler should verify that DW / CDW /LDW and Liability insurance has not been charged to the invoice. If so, recovery of funds is required). Corporate discount numbers must be provided when the reservation is made to access discount/insurance package.

Airport Parking

Travelers are expected to choose the lowest cost parking option, consistent with business requirements.

Payment Options	Documentation Required
<ul style="list-style-type: none"> • Reimbursement Only. Parking may be reimbursed in the travel system after the trip is completed. 	<ul style="list-style-type: none"> • An original, itemized receipt showing the method of payment and indicating that payment was made.

Lodging	
<p>The department will permit payment of lodging expenses at reasonable, single occupancy or standard business room rates. Payment will be limited to the conference rate when the hotel is at the conference/convention site. In rare circumstances, a non-conference rate will be approved.</p> <p>The cost of overnight lodging (room rate and tax only) will be paid if the authorized travel is 45 miles or more from the traveler's home or primary work site.</p>	
Payment Options	Documentation Required
<ul style="list-style-type: none"> • Reimbursement Only. Lodging may be reimbursed in the travel system after the trip is completed. 	<ul style="list-style-type: none"> • Original itemized receipts. • Documentation of single occupancy rate must be submitted

Meals & Incidentals
<p>Meal Allowances are paid after the trip is completed and are based upon the federal meal and incidental (Per Diem) rates that vary by city location. These rates include incidental expenses (e.g. service tips, housekeeping, baggage carriers, porters, etc). Receipts are not required.</p> <p>Per IRS regulations Per Diems are not paid for travel less than 24 hours unless an overnight stay is documented. Full meal allowances while on travel status will not be paid if a meal is served on the plane, included in a conference registration fee, built into the hotel room rate, or replaced by a legitimate business meal. The allowance must be adjusted by deducting the appropriate meal percentage (25% - breakfast; 25% - lunch; 50% - dinner) from the full Per Diem allowance for the applicable city location.</p> <p>Business Meals — Original, Itemized Receipts and completed Business Meal Form Required</p> <ul style="list-style-type: none"> • Properly documented business meals may be reimbursed. • Business meals (while in travel status) must be documented in the travel system. • Alcohol purchases must be approved by the College of Medicine and follow all applicable University guidelines and restrictions in order to be reimbursed. • See the university's Expenditures Policy for detailed information and/or restrictions.

Miscellaneous Business Expenses
<p>Miscellaneous business expenses (excluding those travel expenses specifically noted in the general overview) considered necessary for business travel (e.g. baggage fees, parking, tolls, internet connectivity, Visas, immunizations, etc.) may be reimbursed with the following requirements:</p> <ul style="list-style-type: none"> • Original, itemized receipts must be submitted. • Certify expenses by writing "business purposes only" and initial next to the charge.

Procedure

- Submit electronic University Business Leave request via the eTime & eLeave System (<http://eleave.osu.edu>).
- Gain formal funding approval:
 - Use of PERA funds – Submit PERA form to manager/Division Chief for approval. Then submit completed form to Travel Initiator, which will then be routed for approval to Department Chairman.
 - Use of Department funds – Submit PERA form, marking "Department funds" at the top, to manager/Division Chief for approval to Travel Initiator. Then submit completed form to Travel Initiator, which will then be routed for approval to Department Chairman.
- Travel initiator will process travel request and obtain T#. At this time, if airfare is needed, Traveler should work with Travel Initiator to book flight via OSU Travel Partners.

- When the traveler returns from the trip, he/she must submit all expense receipts within 90 days of the trip concluding. The receipt documentation should follow the requirements outlined above.

Resources

Related Policies

Reference: OSU Travel Policy #2.11

Contacts

Office
Administrator, Department of Radiology

History

Issued: July 1, 2011
Revised: August 9, 2011; April 18, 2012; February 1, 2013; Revised as "Radiology Business Leave & Travel Expenditures" July 18, 2018

Appendix E



Academic Leave Time Allowance / Procedures Guideline 003

Department of Radiology

Applies to: Clinical Care-Focused Radiology Faculty

Guideline Purpose:

Addresses allowances, and procedures related to use, of Annual [Academic/Fiscal Year: July 1-June 30] Academic Leave Time (ALT) for a Clinical Care-Focused Radiology Faculty Member (CCRFM).

Details:

- Guidelines for Optimal ALT Utilization:
 - Pursue high-profile academic activities supporting Promotion & Tenure, especially peer-reviewed publications, extramural research funding, and/or national/international professional recognition.
 - Apply to activities leading to personal clinical skill enhancement and/or OSUWMC clinical program development.
 - Do not use strictly for earning CME, but gain any possible while pursuing the aforementioned.
 - Minimize time away per activity with recommended: Arrival night before/Return evening of an US activity; and Arrival morning before/Return day after an overseas activity (expected use of personal vacation time & funds for extensions).
- ALT Allowances:

Each full-time CCRFM is eligible annually for 80 hours of paid ALT away from OSU in order to pursue academic activities benefitting the individual, their Division, and the Department of Radiology, with academic merit established jointly by the CCRFM and their Division Chief (confirmed by Department Chairman). Weekends do not count against the 80 hour allowance.

 - Exceptions:
 - ✓ A new full-time CCRFM joining the Department after the start of the Academic/Fiscal Year will be eligible in the remainder of the first year for a pro-rated number of hours (based on % year's employment) of paid ALT.
 - ✓ A part-time CCRFM is eligible annually for a pro-rated number of hours (based on % FTE) of paid ALT.
 - ✓ Chief/Chairman-approved "Department business-related days away" by the CCRFM will not be counted against personal ALT/PERA allocations.
- Procedures:
 - Use of ALT requires prior official approval from the Chief of the Division (based on clinical coverage schedule for Division and academic activity merit) via submission of University Business Leave request.
 - Funding of ALT activities can include PERA funds with prior official approval of the Division Chief and the Department Chairman.
 - Additional ALT (and support funding) can be requested by a CCRFM but prior official Chief/Chairman approval is a pre-requisite.
 - Unused ALT balances:
 - ✓ Cannot be carried forward into the following Academic/Fiscal Year
 - ✓ Cannot serve as a bridge between the completion of work obligations and the actual termination date.
 - ✓ Are not eligible for payout.

Contacts

Office

Administrator, Department of Radiology

History

Issued: July 7, 2011 as "Commitment to Continuing Medical Education"

Revised: August 18, 2011; Replaced August 1, 2012 by "Academic Leave Time Allowance / Procedures"; July 17, 2018

Appendix F



Wexner
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Vacation Request Guideline 011

Department of Radiology

Applies to: Faculty, Staff, Students, etc.

Guideline

This document is the guideline for requesting vacation.

Guideline Details

Please note the following guiding principles for vacation requests regarding the length of time away.

1. Vacation requests that are longer than **2 consecutive weeks** will require special consideration.
2. If the vacation length requested is **3 consecutive weeks or less**, it must be approved by the Division Chief, after confirming that there is sufficient clinical coverage for the section.
3. If the vacation length request is **4 consecutive weeks**, it must be approved by the Chairman. Circumstances for such a request must be exceptional, and will be approved and handled on an individual and per event/year basis.

Contacts

Office

Administrator, Department of Radiology

History

Issued: October 20, 2011

Edited: July 18, 2018

Appendix G



**Professional Expense
Reimbursement Allowance (PERA)
/ Procedures
Guideline 008**

Department of Radiology

Applies to: Clinical Care-Focused Radiology Faculty

Guideline Purpose:

Addresses the Annual [Academic/Fiscal Year: July 1-June 30] Professional Expense Reimbursement Allowance (PERA), and procedures related to PERA use, for a Clinical Care-Focused Radiology Faculty Member (CCRFM).

Details:

- **Foundation for PERA:**
The Department of Radiology expects each CCRFM to simultaneously advance themselves, their Division, and the Department of Radiology through:
 - Maintenance of professional certifications.
 - Involvement of high-profile academic activities supporting Promotion & Tenure, especially peer-reviewed publications, extramural research funding, and/or national/international professional recognition.
 - Participation in activities leading to personal clinical skill enhancement and/or OSUWMC clinical program development.

- **PERA Funds:**
To encourage and facilitate the aforementioned, the Department will annually strive, as is fiscally possible, to support a Department PERA which will be made available to each CCRFM for the purposes of reimbursing essential expenses (outlined below) incurred during the pursuit of those goals. Department finances permitting, each full-time CCRFM will be eligible annually for PERA funding. Faculty who are not full time or have a shared appointment will have their PERA prorated to reflect time associated with the Department of Radiology. In rare circumstances, a faculty member may have depleted his/her PERA account in a fiscal year and wish to request additional funding from the Department. This will be made on a case by case basis by the Department Chair and will take into consideration the prominence of the presentation/conference, level of skills gained, and perceived benefit to the entire Division/Department.

- **Guidelines for Reasonable and Necessary Professional Expenses against Departmental PERA:**
 - Licenses/professional certification charges needed for assigned professional duties and not already provided routinely by Department
 - Travel/attendance expenses related to national/international meetings for professional and educational development and not at the request of the Department
 - Scholarly learning materials (journal subscriptions, books, website access fees, etc.) not already provided through OSU library services
 - Professional medical instruments/equipment

- **Professional Expenses covered by Department Funds (not against individual PERA):**
 - State Licensure
 - Board Licensure
 - MD: ABR Membership Dues + MOC Fees
 - DO: ABR Membership Dues + MOC Fees or AOBR Membership Dues + OCC Fees
 - Professional society membership dues:
 - Required: **American College of Radiology/Ohio State Radiological Society**
 - Recommended: **1 General Imaging Society (e.g. RSNA, ARRS)**

- Recommended: **1 Subspecialty Imaging Society (e.g. ASNR, STR)**
- Travel expenses related to attendance at conference, training, or meeting at the request of the Department Chairman.

Procedures:

- Use of PERA funds or Departmental funds require pre-approval by Division Chief and Department Chairman via completed PERA form (see “Resources” below).
- All expenses must be submitted via receipt within 90 days of incurring the expense in order for them to be considered for reimbursement. Receipts submitted after 90 days will only be reimbursed at the discretion of the Chairman.
 - A receipt is a third-party document which support the expense/activity, resulting in a “business expense”.
 - In order to pass audit, each receipt should document: 1) date of service/transaction, 2) provider of goods/service, 3) description of goods/service provided and related business purpose, and 4) proof of payment.
- In addition to submitting expenses within 90 days, any expense to be charged against a current fiscal year’s PERA must be submitted no later than five (5) business days prior to the end of that fiscal year (June 30th) in order to allow sufficient time for processing the reimbursement.
- For expenses associated with travel:
 - Submit electronic University Business Leave request via eTime & Leave system (<http://eleave.osu.edu>).
 - Submit PERA form to Travel Initiator for approval, generation of T#, and booking of flights (if applicable). A T# must be created prior to the trip.
 - See “Resources” below for the Department of Radiology travel policy.
- For PERA funds not used in a given fiscal year, the funds may rollover to the next fiscal year for usage.

Resources

Related Policies:

Radiology Business Leave & Travel Expenditures Policy #001

[OSU Travel Policy #2.11](#)

Contacts

Office
Administrator, Department of Radiology

History

Revised: May 5, 2011 as “Professional Expense Reimbursement Guideline”; Replaced August 1, 2012 by “Professional Expense Reimbursement Allowance / Procedures”; Replaced August 13, 2013 by updated “Professional Expense Reimbursement Allowance / Procedures”; Replaced August 27, 2014 by updated “Professional Expense Reimbursement Allowance / Procedures” Revised: June 18, 2015; Revised July 17, 2018