

DEPARTMENT OF SURGERY

APPOINTMENTS,  
PROMOTION,  
AND TENURE

DEPARTMENT OF SURGERY  
THE OHIO STATE UNIVERSITY  
COLUMBUS, OHIO



Wexner  
Medical  
Center

OAA Approved 10/29/2017

# APPOINTMENTS, PROMOTION AND TENURE

## Criteria and Procedures for the DEPARTMENT OF SURGERY

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## I. Preamble

This document is a supplement to Chapters 6 and 7 of the [Rules of the University Faculty](#) ; the annually updated procedural guidelines for promotion and tenure reviews in Volume 3 of the Office of Academic Affairs Policy and Procedures Handbook, <http://oaa.osu.edu/handbook.html>; and other policies and procedures of the college and university to which the department and its faculty are subject.

Should those rules and policies change, the department will follow the new rules and policies until such time as it can update this document to reflect the changes. In addition, this document must be reviewed, and either reaffirmed or revised, at least every four years on the appointment or reappointment of the department chair.

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

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

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

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

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

It follows that the purpose of promotion to a senior faculty position and achievement of tenure is to recognize individual contributions and to build and maintain a strong and diverse university and departmental faculty that will enrich our academic fabric. This document outlines the individual milestones for a faculty member to attain senior rank and tenure. It should be appreciated these

guidelines are semi-rigid and there will arise the need for flexibility in the application of the standards to ensure that non-traditional faculty who have made unique and substantial contributions in innovation, leadership, team science, education and clinical care be eligible for promotion and tenure.

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

## **II. Department Mission**

The Department of Surgery of the Ohio State University is dedicated to the achievement of excellence in education, research and clinical care in all of the various disciplines encompassed by the specialty.

The Department of Surgery is a participant in the education of medical students at all levels of the medical curriculum. It also educates medical school graduates in a General Surgery residency program, and in other residency and fellowship programs associated with the specialty. Graduates of these programs become eligible for certification by specialty boards and similar agencies. The Department instructs graduate students in the College of Medicine's masters and PhD level program and in other related disciplines. In addition, the department trains postdoctoral fellows in both basic and clinical science categories. The Department also conducts a variety of teaching programs for practicing physicians. From time to time members of the Department may also participate in educational projects for the general public.

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

Physician members of the Department are active practitioners of surgery and its associated specialties. Members of the Department who are non-physician practitioners engage in practice related to their area of expertise. These faculty members are organized into divisions based upon surgical specialties and fellowship programs; these divisions are responsible for providing care to patients whose medical problems are encompassed by the specialty or sub-specialty. The Department strives to maintain a clinical staff with the capability of providing a broad spectrum of surgical and related services, with special expertise in the management of complex and unusual problems in addition to those considered more common.

Department members also participate in the administration and governance of the OSU Medical Center and Nationwide Children's Hospital, the College of Medicine and the University through service as members and officers of various committees. In addition, faculty members serve local, regional and national medical organizations in a variety of administrative positions. Faculty members may also serve as members and officers of other charitable and service organizations on a local, regional and national level.

The Department performs reassessments of the effectiveness of its efforts in teaching, research and service. A comprehensive evaluation is performed and published as the Department of Surgery Annual Report.

A critical component of the Department mission is the dedication to continuous improvement in the quality of its contributions to the discipline and practice of surgery and its various specialties, and to the provision of personalized health care for all of its patients.

### **III. Definitions**

#### **A. Committee of the Eligible Faculty**

##### **1. Tenure-Track Faculty**

The eligible faculty for appointment reviews of Tenure-Track faculty consists of all tenure-track faculty whose tenure resides in the department.

The eligible faculty for reappointment, promotion and tenure, and promotion reviews of Tenure-Track faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the department excluding the department chair, the Dean and assistant and associate Deans of the college, the executive vice president and provost, and the president.

For tenure reviews of probationary Professors, eligible faculty are tenured Professors whose tenure resides in the department excluding the department chair, the Dean and assistant and associate Deans of the college, the executive vice president and provost, and the president.

##### **2. Clinical Faculty**

The eligible faculty for appointment reviews of clinical faculty consists of all Tenure-Track faculty whose tenure resides in the department and all clinical faculty whose primary appointment is in the department.

The eligible faculty for reappointment, contract renewal, and promotion of Clinical Faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the department and all non-probationary Clinical Faculty of higher rank than the candidate whose primary appointment is in the department excluding the department chair, the Dean and assistant and associate Deans of the college, the executive vice president and provost, and the president.

##### **3. Research Faculty**

The eligible faculty for appointment reviews of Research Faculty consists of all Tenure-Track faculty whose tenure resides in the department, all Clinical Faculty whose primary appointment is in the department, and all research faculty whose primary appointment is in the department.

The eligible faculty for reappointment, contract renewal, and promotion reviews of Research Faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the department, all non-probationary Clinical Faculty of higher rank than the candidate whose primary appointment is in the department, and all non-probationary Research Faculty whose primary appointment is in the department

excluding the department chair, the Dean and assistant and associate Deans of the college, the executive vice president and provost, and the president.

#### **4. Conflict of Interest**

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

#### **5. Minimum Composition**

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

### **B. Promotion and Tenure Committee**

The Department has a Promotion and Tenure Committee that assists the Committee of the Eligible Faculty in managing the personnel and promotion and tenure issues. The committee is comprised of Professors only (at least one of these members shall be a representative of the clinical faculty at the Professor level). The committee's chair and membership are appointed by the department chair. The term of service is three years, with reappointment possible. The chair of the Promotion and Tenure Committee will also serve as the chair of the Committee of the Eligible Faculty.

When considering cases involving Clinical Faculty the Promotion and Tenure Committee may be augmented by one additional non-probationary Clinical Faculty member(s) at the Associate Professor or Professor level.

When considering cases involving Research Faculty the Promotion and Tenure Committee may be augmented by one non-probationary research faculty member at the Associate Professor or Professor level.

### **C. Quorum**

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

## **D. Recommendation from the Committee of the Eligible Faculty**

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

Absentee ballots and proxy votes are not permitted.

### **1. Appointment**

A positive recommendation from the eligible faculty for appointment is secured when the majority of the votes cast are positive.

### **2. Reappointment, Promotion and Tenure, Promotion, and Contract Renewal**

A positive recommendation from the eligible faculty for reappointment, promotion and tenure, promotion, and contract renewal is secured when a simple majority of the votes cast are positive.

## **IV. Appointments**

Faculty appointments in the Department of Surgery shall be made only to individuals with clear potential to enhance the quality of the Department and facilitate the achievement of the Department's mission. Important considerations include the individual's record to date in teaching, research and service; the potential for professional growth in each of these areas; and the potential for interacting with colleagues and students in a way that will enhance their academic work and attract other outstanding faculty, residents and students to the department. No offer will be extended in the event that the search process does not yield one or more candidates who would enhance the quality of the department. The search is either cancelled or continued, as appropriate to the circumstances.

For each appointment, the projected schedule of promotion and tenure reviews will be stipulated in the letter of offer.

### **A. Criteria**

#### **1. Tenure-Track Faculty**

The Tenure-Track exists for those faculty members who primarily strive to achieve sustained evidence of excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for extramural funding such as that provided by the National Institutes of Health or similar agencies including industry. This may include participation of as a co-investigator if the faculty member is a .5 clinical FTE or greater. Although excellence in teaching and outstanding service to The Ohio State University is required, these alone are not sufficient for progress on this track.

Faculty appointed on the Tenure-Track must have the potential for excellence in all three critical areas: teaching, scholarship and service. In addition, faculty members are encouraged to develop programs which reflect the integration of teaching, service and research in a specific content area.



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

All appointments in the Department of Surgery at the level of Assistant Professor shall entail a probationary period. In general, appointments at higher rank shall not entail a probationary period unless there are compelling reasons not to offer tenure.

An appointment to the rank of Instructor or Assistant Professor in the Tenure-Track is always probationary, and tenure will not be awarded at this rank. The maximum probationary period will be dependent upon whether the faculty member has patient clinical service responsibilities as determined by the Department Chair in consultation with the College of Medicine.

For faculty members with patient clinical service responsibility, the probationary period for an Assistant Professor may not exceed 11 years (including prior service credit). An Assistant Professor is reviewed for promotion and tenure no later than the eleventh year of appointment as an Assistant Professor, and informed by the end of the eleventh year as to whether promotion and tenure will be granted at the beginning of the twelfth year. For individuals not recommended for promotion and tenure after the mandatory review, a twelfth and final year of employment will be offered.

For faculty members without patient clinical service responsibility, the maximum probationary period will be six years. An Assistant Professor is reviewed for promotion and tenure no later than the sixth year of appointment as an Assistant Professor, and informed by the end of that year as to whether promotion and tenure will be granted at the beginning of the seventh year. For individuals not recommended for promotion and tenure after the mandatory review, a seventh and final year of employment will be offered. It is anticipated that not all faculty members will require the full probationary period, and that, consistent with [3335-6-03\(B2\)](#), promotion and tenure may be granted at any time during the probationary period if the faculty member's record of achievement merits tenure and promotion. Similarly, a probationary period may be terminated at any time, subject to the notice provisions of University Rule [3335-6-08](#) and the provisions of paragraphs (G), (H), and (I) of this rule. In all circumstances, annual review and fourth year review procedures, as specified in University Rule [3335-6-03\(C\)](#), will be followed.

For each appointment, the projected schedule of promotion and tenure reviews will be stipulated in the letter of offer.

University promotion and tenure policies and criteria are modified on occasion. If these documents are revised during the probationary period, probationary Tenure-Track faculty members will be provided with copies of the revised documents.

In this section, criteria for appointment in the Tenure-Track at the rank of instructor and Assistant Professor will be outlined in detail. Appointments at higher ranks shall be based upon fulfilling the same criteria described in section VII A and VII B which relate to promotion to the rank of Associate Professor and Professor in the Tenure-Track.

### **Appointment: Instructor of Surgery on the Tenure-Track**

Under certain circumstances, the Department may choose to appoint a new faculty member at the **Instructor** level. This title is appropriate for individuals who embody most of the characteristics listed below under Assistant Professor, but have not completed the terminal degree or other relevant training (e.g. residency or fellowship) at the time of appointment. In select circumstances, individuals who are eligible but have not achieved board certification may be appointed as an instructor.

In addition, the Department may choose to make an appointment at the instructor level in order to give an individual the opportunity to gain the requisite skills or experience to fully qualify for the Assistant Professor title. When an individual is appointed to the rank of Instructor, the letter of offer should indicate the specific benchmarks and achievements required for promotion to Assistant Professor.

An appointment at the instructor level is limited to three years. When an instructor has not completed requirements for promotion to the rank of Assistant Professor by the beginning of the third year of appointment, the third year is a terminal year of employment. Upon promotion to Assistant Professor, the faculty member may request prior service credit for time spent as an instructor. This request must be approved by the department's eligible faculty, the department chair, the Dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate since prior service credit cannot be revoked without a formal request for an extension of the probationary period. In addition all probationary faculty members have the option to be considered for early promotion.

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

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience. Individuals who have completed all the requirements of their terminal degree, but who have not obtained the final degree at the time of initial employment will be appointed as an Instructor. In addition, appointment at the rank of Instructor is appropriate for individuals who, at the time that they join the faculty, do not have the requisite skills or experience to fully assume the full range of responsibilities of an Assistant Professor.
- Evidence of potential for excellence in scholarship. Such evidence might include peer-reviewed publications in a mentored setting, but insufficient evidence of an independent, creative, and productive program of research with potential for external funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix 4].

- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

**Appointment: Assistant Professor of Surgery on the Tenure-Track**

Appointment at the rank of assistant professor is always probationary. A candidate for appointment as **Assistant Professor** should have a demonstrated record of impact and recognition at a local or regional level. The following will constitute characteristics of individuals worthy of appointment as Assistant Professor in the areas of teaching, research and service. Accomplishments in the area of program development will be included within the categories of teaching and service where appropriate.

Teaching (M.D., D.O. or equivalent)

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

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

Teaching (Ph.D.)

1. Evidence of teaching competence and accomplishments during postdoctoral training and/or prior employment.
2. Teaching awards obtained during postdoctoral training or prior employment.
3. Participation in the development of educational materials and programs.

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

Research and Scholarship (M.D., D.O. or equivalent)

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. A commitment to seek peer-reviewed funding as a principal or co-investigator as determined by clinical commitment from federal, professional or other sources including industry.
4. Initial development of a specialized area of research or scholarship.
5. Co-authorship of book chapters or other scholarly materials.

(For appointment to the Assistant Professor level, the individual should have at least achieved accomplishment #1 or #2 and #3).

Research and Scholarship (Ph.D.)

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. A commitment to seek peer-reviewed funding from federal , professional or other sources including industry.

4. Receipt of Peer-reviewed research funding from federal, professional or academic sources.
5. Initial development of reputation for specific area of research or scholarship.
6. Authorship of books, book chapters or other scholarly materials.

(For appointment to the Assistant Professor level, the individual should have at least achieved accomplishment #1 or #2 and # 3.)

Service (M.D., D.O. or equivalent)

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

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

Service (Ph.D.)

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

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

**Appointment: Associate Professor of Surgery on the Tenure-Track**

Criteria for **initial appointment** to the rank of Associate Professor with tenure are identical to the Department's criteria for **promotion** to Associate Professor with Tenure, as detailed in Section VII.A.1 of this document.

**Appointment: Professor of Surgery on the Tenure-Track**

Criteria for **initial appointment** to the rank of Professor with tenure are identical to the Department's criteria for **promotion** to Professor with tenure, as detailed in section VII.A.3 of this document.

**Appointment: Associate Professor or Professor without Tenure on the Tenure-Track**

While appointments to the rank of Associate Professor or Professor generally include tenure, a probationary period may be granted after petition to the Office of Academic Affairs. The Department must exercise care in making these appointments, especially if

the probationary period will be less than four years. For faculty without patient clinical service responsibilities the probationary period may not exceed four years. For faculty with patient clinical service responsibility, the probationary period may not exceed six years. Requests for such appointments require the approval of the Dean of the College of Medicine, and the Executive Vice President and Provost.

An appointment to the rank of Associate Professor without tenure is probationary, consistent with the provisions of Section V.A [Annual Review Procedures] of this document. During a probationary period a faculty member does not have tenure and is considered for reappointment annually.

**Criteria for initial appointment to the rank of Associate Professor without tenure are identical to the Department's criteria for promotion to Associate Professor without Tenure, as detailed in Section VII.A.2 of this document.**

## **2. Clinical Faculty**

The Clinical Faculty is equivalent in importance to the College of Medicine as the Tenure-Track. The Clinical Faculty exists for those faculty members whose principal career focus is outstanding teaching, clinical and translational research and delivery of exemplary clinical care. Clinical Faculty members will generally not have sufficient protected time to meet the robust scholarship requirements of the Tenure-Track within a defined probationary period. For this reason, the nature of scholarship in the Clinical Faculty differs from that in the Tenure-Track and may be focused on a mixture of academic pursuits including the scholarship of practice, integration, education, as well as new knowledge discovery. Faculty members appointed to this may choose to distinguish themselves in teaching, innovative pedagogic program development, or patient-oriented research. Faculty members appointed to this may choose to distinguish themselves through several portfolios of responsibility including Clinician-Educator, Clinician-Scholar, and Clinical Excellence pathways. These reflect 1) pedagogic excellence as measured by teaching evaluations and innovative teaching practices, modules and publications; and 2) excellence in translational science, clinical research and health services (*e.g.*, health care policy and comparative effectiveness research) as measured by publications and grant funding, respectively. Clinical Faculty members are not eligible for tenure and may not participate in promotion and tenure matters of Tenure-Track faculty.

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

Contracts will be for a period of at least three years and for no more than five years. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year if he or she will be reappointed for another year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended. In the event that a new contract is not

extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of the contract may be renegotiated at the time of reappointment. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges. The following paragraphs will outline the basic criteria for initial appointments of Clinical Faculty.

In this section, criteria for initial appointment in the Clinical Faculty at the rank of Assistant Professor will be outlined in detail. Appointments at higher ranks shall be based upon fulfilling the same criteria described in section VII which relate to promotion to the rank of Associate Professor and Professor in the Clinical Faculty.

### **Appointment: Assistant Professor of Surgery on the Clinical Faculty**

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

#### **Teaching (MD, DO or equivalent)**

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

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

#### **Research and Scholarship (MD, DO or equivalent)**

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. Initial development of a specialized area of research or scholarship.
4. Co-authorship of book chapters or other scholarly materials.

(For appointment to the Assistant Professor level, the individual should have at least achieved accomplishment #1 or #2).

#### **Service (MD, DO or equivalent)**

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

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

#### **Appointment: Associate Professor of Surgery on the Clinical Faculty**

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

#### **Appointment: Professor of Surgery on the Clinical Faculty**

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

#### **Clinical Excellence Pathway in the Clinical Faculty**

The Clinical Excellence Pathway exists for faculty members who focus on exemplary clinical care, unique areas of emphasis in patient management, or outstanding service to a Department, the College of Medicine, and OSU. Faculty members on this Pathway typically devote 90% or more of their effort on patient care or administrative service. Faculty members on the Clinical Excellence Pathway are not eligible for tenure and may not participate in promotion and tenure matters of tenure-track faculty or promotion. Appointments to the Clinical Excellence Pathway are for three to five years. There is no presumption of renewal.

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

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

#### **Appointment: Assistant Professor of Surgery on Clinical Excellence Pathway**

A candidate for appointment as **Assistant Professor** should have a demonstrated record of impact and recognition in clinical care. The following will constitute characteristics of individuals worthy of appointment as Assistant Professor in the areas of teaching,



research and service. Accomplishments in the area of program development will be included within the categories of teaching and service where appropriate.

Teaching (MD, DO or equivalent)

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

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

Research and Scholarship (MD, DO or equivalent)

1. Participate in clinical research as appropriate.

Service (MD, DO or equivalent)

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

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

**Appointment: Associate Professor of Surgery on the Clinical Excellence Pathway**

Criteria for **initial appointment** to the rank of Associate Professor of Clinical Surgery are identical to the Department's criteria for **promotion** to Associate Professor on the Clinical Excellence Pathway, as detailed in Section VII.A.4 of this document.

**Appointment: Professor of Surgery on the Clinical Excellence**

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

**4. Research Faculty**

The Research Faculty exists for faculty members who focus principally on scholarship and research education. Notably, the standards for scholarly achievement are comparable to those for individuals on the Tenure-Track for each faculty rank. A Research Faculty member may, but is not required to, participate in limited educational and service activities. Research training of undergraduates and postgraduate students counts as educational and service activity. Research Faculty members are expected to contribute to the Department's research mission and are expected to demonstrate excellence in



scholarship as reflected by high quality peer-reviewed publications and successful competition for extramural funding.

Appointments to the Research Faculty are made in accordance with Chapter 7 of the *Rules of the University Faculty 3335-7*. Each new appointment must enhance, or have strong potential to enhance, the quality of the Department.

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

Research Faculty are eligible to serve on Department/University committees and task forces but not on Department/University governance committees, except for promotion and tenure committee for research faculty. Research faculty also are eligible to advise and supervise graduate and postdoctoral students and to be a principal investigator on extramural research grant applications. Approval to advise and supervise graduate students must be obtained from the graduate school as detailed in Section XV the Graduate School Handbook.

### **Appointment: Assistant Professor on the Research Faculty**

A candidate for appointment to the Research Faculty should have a demonstrated record of research expertise at a local or regional level.

The following will constitute characteristics of individuals worthy of appointment as Research Assistant Professor in the areas of teaching, research and service.

#### Teaching

1. No requirements

#### Research and Scholarship

1. Publications in peer-reviewed journals.
2. Presentations of scholarly work at local, regional, national or international forums.
3. Commitment to seek peer-reviewed research funding ideally from federal, professional, or academic sources. Industry funding is acceptable.
4. Receipt of peer-reviewed research funding from federal, professional or academic sources.
5. Initial development of reputation for specific area of research or scholarship.
6. Authorship of books, book chapters or other scholarly materials.

(For appointment to the research Assistant Professor level, the individual should have at least achieved accomplishment #1 or #2 and 3.)

### Service

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

(For appointment to the research Assistant Professor level, the individual should have achieved accomplishments 1 through 4.)

### **Appointment: Associate Professor on the Research Faculty**

The criteria for **initial appointment** to the rank of Associate Professor on the Research Faculty are identical to those criteria for **promotion** to this rank as outlined in Section VII.A.5 of this document.

### **Appointment: Professor on the Research Faculty**

The criteria for **initial appointment** to the rank of Professor on the Research Faculty are identical to those criteria for **promotion** to this rank as outlined in Section VII.A.5 of this document.

## **5. Associated Faculty**

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

Associated Faculty, as defined in the *Rules of the University Faculty 3335-5-19 (D)*, includes “persons with adjunct titles, clinical titles, visiting titles, and lecturer titles,” plus “Professors, Associate Professors, Assistant Professors, and instructors who serve on appointments totaling less than fifty per cent service to the university.” Members of the Associated Faculty are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters. Appointments to the Associated Faculty are for one year. Renewal decisions are made annually and are based upon the faculty member’s documented continued contributions to the Department. There is no presumption of renewal.

Associated Faculty members are appointed based on participation in the teaching, patient care, research, academic, or leadership missions of the College of Medicine. Unlike faculty members in the established pathways, Associated Faculty members may focus on a limited number of the aspects of the College mission and may have less than a 50% appointment. Faculty with less than a 50% appointment must be appointed to the Associated Faculty. These members of the faculty may be paid or unpaid. The criteria for appointment and promotion in the Associated Faculty differ from those of the established pathways, consistent with the more focused mission of this endeavor.

Associated Faculty with patient care responsibilities will be given clinical titles (e.g., Clinical Instructor, Clinical Assistant Professor) and those without clinical responsibilities will be given adjunct titles (e.g., Adjunct Assistant Professor, Adjunct Associate Professor) reflective of their Associated Faculty status.

Within the Department of Surgery, criteria for appointment and promotion of Associated Faculty shall be identical to those for faculty members in the Clinical Faculty in the categories of teaching and service. There shall be no requirement for Research and Scholarship. (For Assistant Professor, see section IV; for Associate Professor and Professor, see section VII).

#### **Appointment: Instructor and Assistant Professor on the Associated Faculty**

Faculty appointed as Instructor or Assistant Professor in the Associated Faculty will have significant focused involvement in at least one aspect of the academic mission of the Department at the Medical Center or its affiliated institutions. The distinction between these two levels of appointment shall rest upon the individual's credentials at the time of appointment. In general, individuals who have completed residency training but have not yet achieved Board Certification will be appropriately appointed as Instructor; individuals who have achieved Board Certification are more appropriate for appointment as Assistant Professor.

#### **Appointment: Associate Professor on the Associated Faculty**

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

#### **Appointment: Professor on the Associated Faculty**

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

### **6. Courtesy Appointments for Faculty**

The Department of Surgery may grant courtesy appointments to faculty members whose primary activity falls within the purview of another College or University department. A faculty member who is granted such an appointment must possess the credentials and skills which will have the potential to enhance the mission of the Department of Surgery in teaching, research and/or service. Continued appointment in a courtesy capacity requires evidence of substantial ongoing contributions to the Department of Surgery, commensurate with the faculty rank determined by the primary department. Such appointments shall require approval from the primary department for the initial appointment and for promotion. The faculty rank in the Department of Surgery shall be identical to that held in the tenure initiating unit. Such appointments shall entail no salary from the Department of Surgery and are available only to Tenure-Track faculty members.

## **B. Procedures**

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

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

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

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

All offers at the Associate Professor and Professor ranks, with or without tenure, and all offers of prior service credit require the prior approval of the Dean and the Office of Academic Affairs. Foreign nationals who lack permanent residency status may be appointed to a senior rank and approved for tenure, if appropriate, but the university will not grant tenure in the absence of permanent residency. Offers to foreign nationals require prior consultation with the Office of International Affairs.

The following sections provide general guidelines for searches in the different faculty pathways.

### **1. Tenure-Track Faculty**

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

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

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

The search committee:

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

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

Following completion of on-campus interviews, the Search Committee presents its findings and makes its recommendations to the Department Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment.

## **2. Clinical Faculty**

Searches for Clinical Faculty and Clinical Excellence Pathway should be undertaken with adherence to the general guidelines described above, except that exemption from conducting a national search can be obtained from the College of Medicine (OAA

approval is not needed). Individuals with a clear commitment to service and teaching should be selected. The composition of the search committees shall be comparable to those for tenure-track faculty.

### **3. Research Faculty**

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

### **4. Transfer between Faculties**

Transfers between faculties should be considered the exception rather than the norm and are permitted only under the strict guidelines detailed in the paragraphs below, per University Rules [3335-7-09](#) and [3335-7-10](#). Furthermore, transfer of an individual to a pathway with more limited expectations for scholarship, may not be used as a mechanism for retaining underperforming faculty members. An engaged, committed, productive and diverse faculty should be the ultimate goal of all appointments.

#### **Transfer: Tenure-Track to Clinical or Clinical Excellence Pathway**

If faculty members' activities become more aligned with the criteria for appointment to the Clinical Faculty or Clinical Excellence Pathway, they may request a transfer. The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed. A transfer request must be approved by the Department Chair, Dean, and Executive Vice President and Provost. The first appointment to the new faculty is probationary; and tenure, or the possibility thereof, is revoked.

#### **Transfer: Tenure-Track to Research Faculty**

If faculty members wish to engage exclusively in research, without the multiple demands required of the Tenure-Track, they may request a transfer. The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed. A transfer request must be approved by the Department Chair, Dean, and Executive Vice President and Provost. The first appointment to the new faculty is probationary; and tenure, or the possibility thereof, is revoked.

#### **Transfer: Clinical Faculty, Clinical Excellence Pathway, or Research Faculty to Tenure-Track**

Transfer from the Clinical Faculty, Clinical Excellence, or Research Faculty to the Tenure-Track is not permitted, but Clinical Faculty, Clinical Excellence and Research faculty are eligible to apply for Tenure-Track positions here at OSU through a competitive national search.

## 5. Associated Faculty

Associated Faculty appointments in the Department of Surgery at the levels of clinical instructor, clinical Assistant Professor, clinical Associate Professor, and clinical Professor will not require formalized search processes. The existing guidelines for the involvement of community surgeons within the Department of Surgery should be utilized as general principles. Offers of these faculty appointments should be primarily the purview of the division chief (if applicable) in consultation with the Chair. These appointments shall require the approval of the Department Appointment, Promotion and Tenure Committee for initial appointment and annual renewal.

Associated faculty for whom promotion is a possibility follow the promotion guidelines and procedures for tenure-track faculty (see Appointment Criteria above), with the exception that the review does not proceed to the college level if the department chair's recommendation is negative, and does not proceed to the university level if the dean's recommendation is negative.

## 6. Courtesy Appointments for Faculty

Courtesy appointments for faculty with appointments in other tenure initiating units should be suggested only when criteria described in section IV have been clearly met. These appointments will not require a formalized search process and should be made only upon recommendation of the division chief (if applicable) with the approval of the Promotion and Tenure Committee and the Chair.

## V. Annual Review Procedures

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

The documentation required for the annual performance review is described in Section VII below.

### **Procedures for Tenure-Track, Clinical Faculty, Clinical Excellence Pathway, Research Faculty, and Full-Time Paid Associated Faculty**

The faculty member must maintain an up-to-date OAA approved dossier profile and/or keep a recent curriculum vitae on record with the Department. The Department Chair or his or her designee Vice-Chair or Division Chief will supply each faculty member with a written evaluation of his or her performance, in narrative format. The review will include not only an evaluation of all aspects of the faculty member's performance, but also recommendations for improvement and goals for the following year. Annual reviews must include a scheduled face-to-face meeting with Chair or his or her designee Vice-Chair or Division Chief. If the Chair's designee Vice-Chair or Division Chief conducts the annual review, there must be a mechanism for informing the Chair of the faculty member's performance. The Chair is required (per Faculty Rule [3335-3-35](#)) to include a reminder in the annual review letter that all faculty have the right (per Faculty Rule [3335-5-04](#)) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.



Procedures regarding annual reviews and promotion reviews shall be the same for Tenure-Track, Clinical Faculty, Clinical Excellence Pathway and research faculty except that the college Dean's decision is final with respect to reappointment, non-reappointment and denial of promotion in the Clinical Faculty, Clinical Excellence Pathway and Research Faculty. External evaluations are required for all applications for promotion, in any Faculty, except as specified in the subsequent paragraphs. Guidelines from the College of Medicine and the University regarding external evaluations must be followed.

### **A. Probationary Tenure-Track Faculty**

As part of the annual review process, the faculty member's completed file will be reviewed by the Chair or his/her designee Vice-Chair or Division Chief. It will be evaluated to determine if the faculty member has met or exceeded the minimal standards of academic performance for the Department of Surgery, as outlined in the Faculty Workload Guidelines (available in the Department of Surgery Pattern of Administration). The Chair, designee Vice-Chair or Division Chief will provide a written appraisal of the faculty member's performance which directly addresses the quality and amount of achievement in each of the categories of information in the file. This evaluation will define strengths and weaknesses of faculty member performance, and it will provide recommendations for the ensuing year. Progress toward recommendations from the previous year should be discussed. A final statement should provide an overall evaluation of the faculty member's performance, describe the faculty member's suitability for his/her chosen academic faculty and potential for future promotion/tenure, and make a recommendation regarding reappointment for the following academic year. The statement and recommendations will be presented to the faculty member for review, and a formal, face-to-face meeting will be scheduled for discussion of the review.

The faculty member may respond in writing to issues raised during the annual review. All review letters and written faculty responses shall become a permanent part of the faculty member's dossier, and will be considered during subsequent annual reviews, including the review for promotion and tenure. At the completion of the review, the chair will provide the Dean of the College with a copy of the written evaluation of the faculty member's performance and professional development, and the indication of whether the faculty member will be reappointed for the next year.

If the Chair concludes that nonrenewal of the appointment should be considered, fourth year review procedures (per Faculty Rule [3335-6-04](#); also see details below) must be followed (even if this is not a fourth or eighth year review). The full eligible faculty must vote on the matter, and if the Chair recommends nonrenewal, the comments process must be undertaken and then the case forwarded to the Dean for college level review. The Dean shall make the final decision in the matter.

If, during an annual review process, it becomes apparent that the candidate could stand for promotion consideration, the candidate will be informed of this recommendation by the Promotion and Tenure Committee or the Department Chair. The candidate may then initiate effort to seek promotion if desired.

#### **1. Fourth-Year Review**

Each faculty member in the fourth year of probationary service must undergo a more comprehensive review utilizing the same process as the review for tenure and promotion, with three exceptions: external letters of evaluation will not be solicited, review by the



College of Medicine Promotion and Tenure Advisory Committee is not mandatory, and the dean (not the department chair) makes the final decision regarding renewal or nonrenewal of the probationary appointment.. The objective of this review will be to determine if adequate progress towards the achievement of promotion and tenure is being made by the candidate.

When the Department Chair and Dean agree on a positive decision to continue the probationary appointment, review by the College Appointment, Promotion and Tenure Advisory Committee is not required.

If the Department Chair recommends nonrenewal of a faculty member's probationary contract, subject to the standards of notice per University Rule 3335-6-08, the College Appointment, Promotion and Tenure Advisory Committee is required to review the case and vote. This result is presented to the Dean, who makes the final decision.

If the Department Chair recommends renewal of a faculty member's probationary contract, but the Dean recommends nonrenewal, the case will be referred to the College Appointment, Promotion and Tenure Advisory Committee, which will review the case, vote and make a recommendation to the Dean.

In all cases, the Dean will confer with the Chair before making a final decision and will inform the faculty in writing if the decision is in disagreement with theirs.

## **2. Eighth Year Review**

Faculty members with an 11 year probationary period who have not achieved promotion and tenure by the eighth year will undergo a formal eighth year review, utilizing the same principles and procedures as the fourth year review.

## **3. Exclusion of Time from Probationary Period**

University guidelines for Exclusion of Time from Probationary Period are specified in University Rule 3335-6-03(D), and are reproduced as follows:

- (a) An untenured Tenure-Track faculty member will have time excluded from the probationary period in increments of one year to reflect the caregiving responsibilities associated with the birth of a child or adoption of a child under age six. Faculty members will complete the appropriate form and Department chairs or school directors will inform the Office of Academic Affairs within one year of the birth of a child or the adoption of a child under age six of a probationary faculty member unless the exclusion of time is prohibited by paragraph (D)(3) of this rule. The probationary faculty member may choose to decline the one-year exclusion of time from the probationary period granted for the birth or adoption of a child under six years of age by so informing her/his Department head, Dean, and the Office of Academic Affairs in writing before April 1 of the new mandatory review year following granting of the declination. The exclusion of time granted under this provision in no way limits the award of promotion and tenure prior to the mandatory review year (see paragraph (D)(2) of this rule). The maximum amount of time that can be excluded from the probationary period per birth event or adoption of children under age six is one year.

- (b) A probationary Tenure-Track faculty member may apply to exclude time from the probationary period in increments of one year because of personal illness, care of a seriously ill or injured person, an unpaid leave of absence, or factors beyond the faculty member's control that hinder the performance of the usual range of duties associated with being a successful university faculty member, i.e., teaching, scholarship, or service. Requests to exclude time from the probationary period made under the terms of this paragraph must be submitted to the chair of the Department. Requests will be reviewed by the Department's promotion and tenure committee which will advise the Department Chair regarding their appropriateness. Such requests require approval by the Department Chair, Dean, and Executive Vice President and Provost. A request to exclude time from the probationary period for any of these reasons must be made prior to April 1 of the year in which the mandatory review for tenure must occur. The extent to which the event leading to the request was beyond the faculty member's control, the extent to which it interfered with the faculty member's ability to be productive and the faculty member's accomplishments up to the time of the request will be considered in the review of the request.
- (c) A request to exclude time from the probationary period for any reason will not be granted after a non-renewal notice has been issued nor will previously approved requests to exclude time from the probationary period in any way limit the university's right not to renew a probationary appointment.
- (d) Except in extraordinary circumstances, a maximum of three years can be excluded from the probationary period for any reason or combination of reasons for an instructor, Assistant Professor or Associate Professor. Exceptions require the approval of the Tenure Initiating Unit chair, Dean, and executive vice president and provost.
- (e) Faculty members will be reviewed annually during their probationary periods regardless of whether time is excluded from that period for any of the above reasons unless their absence from campus during an excluded period makes conduct of such a review impractical.
- (f) For purposes of performance reviews of probationary faculty, the length of the probationary period is the actual number of years of employment at this university less any years of service excluded from the probationary period under the terms of this rule. Expectations for productivity during the probationary period cannot be increased as a consequence of exclusions of time granted under the terms of this rule.

## **B. Tenured Faculty**

A written annual review of each tenured faculty member, irrespective of rank, is required. The purpose of the annual review for tenured faculty is to assist in developing and implementing professional plans, discussing accomplishments, identifying performance problems should they exist, evaluating progress toward promotion, and serving as a basis for annual salary recommendations. The review process will follow the same guidelines and utilize the same form of documentation outlined for probationary faculty. A face-to-face meeting of the Chair and the tenured faculty member it is also required for all tenured faculty.

### **C. Clinical Faculty**

The initial contract of all Clinical Faculty is probationary regardless of academic rank at hire, or prior service if the faculty member transfers from another faculty. Subsequent contracts are not probationary, but there is no presumption of reappointment. Clinical Faculty members are reviewed annually by the Department Chair or his or her designee, using the same guidelines outlined for probationary faculty. The purpose of the annual review for Clinical Faculty is to assist in developing and implementing professional plans, discussing accomplishments, identifying performance problems if they exist, evaluating progress toward promotion, and serving as a basis for annual salary recommendations. A written evaluation in narrative format must be provided and a face-to-face meeting must be scheduled.

Each faculty member in the penultimate year of each contract (either initial or subsequent) must undergo a review for reappointment utilizing the same process as the review for tenure and promotion, with two exceptions: External letters of evaluation will not be required, and review by the College of Medicine Promotion and Tenure Committee does not occur. If the position will not be renewed, the faculty member is informed that the final contract year will be a terminal year of employment. The standards of notice set forth in Faculty Rule [3335-6-08](#) must be observed.

The decision by the Dean to reappoint or not renew Clinical faculty members is final.

### **D. Research Faculty**

The initial contract of all Research Faculty is probationary regardless of academic rank at hire, or prior service if the faculty member transfers from another faculty. Subsequent contracts are not probationary, but there is no presumption of reappointment.

Research Faculty members are reviewed annually by the Department Chair or his or her designee. A written evaluation in narrative format must be provided and a face-to-face meeting must be scheduled.

Each faculty member in the penultimate year of each contract (either initial or subsequent) must undergo a review for reappointment utilizing the same process as the review for tenure and promotion, with two exceptions: External letters of evaluation will not be required, and review by the College of Medicine Promotion and Tenure Committee does not occur.

The decision by the Dean to reappoint or not renew Research Faculty members is final.

During and until the end of non-probationary contract periods, Research Faculty appointments may be terminated for not meeting the terms of the contract (e.g., failure to obtain extramural support for the research). The standards of notice as set forth in University Rule [3335-6-08](#) apply.

### **E. Associated Faculty**

Appointments to the Associated Faculty are for one year only, and require review and renewal each year. Each Associated Faculty member must complete and submit the Departmental renewal form, documenting contributions to the Department for the preceding academic year. After review by the Promotion and Tenure Committee and the Chair, reappointment for the next academic year may be granted.

## VI. Merit Salary Increases and Other Rewards

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

On occasion, one-time cash payments or other rewards, such as extra travel funds, are made to recognize non-continuing contributions that justify reward but do not justify permanent salary increases. Such payments/rewards are considered at the time of annual salary recommendations. The Executive Vice President and Provost can identify parameters for such awards as part of the annual AMCP (Annual Merit Compensation Process) guidelines.

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

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

### A. Criteria

Merit salary increases will be based upon performance of the faculty member in relation to the Department Workload Guidelines (included in the Department of Surgery Pattern of Administration) and the expectations outlined in the faculty member's previous annual review by the Chair. The principal basis for salary increase will be the performance in the previous year. A lesser influence shall be the aggregate performance over several prior years (for example, a faculty member whose performance was outstanding for several consecutive years but who had an entirely average performance for the immediate previous year might still be considered for a modest increase). A final factor in the level of merit increase can be the faculty member's salary in relation to the average salary for comparable department members.

Salary shall be awarded at five different levels - A B C D and E. The following standards apply to Tenure-Track faculty.

A - represents Outstanding Performance. The faculty member shall have demonstrated exemplary performance to receive an A level increase. This performance could represent multiple high quality publications in the most prestigious journals, high level funding from external agencies such as the NIH National awards or other prestigious national recognition for research, teaching or service.

B - represents Above Average Performance. The faculty member shall have exceeded the expectation outlined in the Workload Policy and in the Annual Review Recommendations. This performance may be characterized by multiple publications, teaching awards, achievement of outside funding or other meritorious service accomplishments.

C - represents Average Performance. The faculty member will have met the expectations for teaching, research, publications and clinical activity defined in the Workload Policy and in the Annual Review recommendations.

D - represents Below Average Performance. The faculty member will have less than expected levels of publications, funding for research and clinical activities.

E - represents Unsatisfactory Performance. In this category the faculty member will have no measurable or documentable accomplishments. This would mean no publications, no research grants, less than satisfactory teaching evaluations and/or minimal clinical activities.

In the assessment of salary levels, it is likely that a faculty member's performance will not be uniform in all three areas of teaching, research and service. The final evaluation level shall represent a balance of the accomplishments in each of the three areas.

For individuals in the Clinical Faculty, scholarly activities such as clinical research are expected of the faculty member but will be accorded less importance than accomplishments in teaching and service. Accomplishments in basic research are not required, but, when present, may be used to increase the value of the individual's performance. The same standards as described for levels A, B, C, D and E for Tenure Track faculty, shall be applied to Clinical Faculty except for those descriptions which reference basic research activity. The descriptions which reference basic research activity shall be the sole criteria used for merit salary increases in the Research Faculty.

For individuals in the research faculty accomplishments in research publication and funding will be accorded greatest importance. Accomplishments in basic research are required. The same standards as described for levels A, B, C, D and E for Tenure-Track faculty, shall be applied to Research Faculty except for those descriptions which reference teaching and clinical service. The descriptions which reference basic research activity shall be the sole criteria used for merit salary increases in the Research Faculty.

## **B. Procedures**

Each faculty member must undergo an annual review utilizing the principles outlined in Section V of this document. The review must be in written form for all faculty members except those in Associated Faculty. The review will compare the faculty member's performance to the expectations described in Section VI.A above and to those recorded in the Appointments, Promotion and Tenure criteria, and then recommend an appropriate level of merit salary increase (if any). Other rewards will be determined in a similar manner.

Evaluation for merit salary increase for each faculty member shall be performed initially by the division director, and then confirmed by the Chair. When performing the review, the division director shall consult workload guidelines and previous annual reviews. The faculty member may appeal the assigned level as described below.

If requested by the faculty member, a brief summary citing the reasons for the merit salary level assigned and referencing the appropriate documents will be provided. This summary will outline the faculty member's accomplishments in relation to the Workload Guidelines and Annual Review Expectations. The faculty member may submit a written appeal if dissatisfied with the assigned level. When submitting such an appeal, the faculty member must prepare a statement utilizing the format of the Promotion and Tenure dossier outline prepared by the Office of Academic Affairs in order to document accomplishments for salary determination. Faculty members who appeal a salary decision should explain how their salary (rather than the increase) is inappropriately low, since increases are solely a means to the end of an optimal distribution of

salaries. Insufficient documentation shall constitute a basis for immediate denial of the appeal. The appeal is made to the division chief, if applicable, or directly to the Chair. Final decision regarding Merit Salary appeals rests with the Department Chair acting in concert with the Department Executive Committee.

### **C. Documentation**

Documents required for the Merit Salary Increase evaluation are identical to those utilized for Annual Review and promotion and tenure considerations, as detailed in Section VII below. The materials, together with an updated CV and an updated Office of Academic Affairs dossier outline ([\*Policies and Procedures Handbook\*](#), Volume 3), must be submitted to the department chair no later than the final day of autumn semester classes.

#### **1. Teaching**

Documentation of teaching for salary increase determinations will be the same as that utilized for annual reviews and promotion/tenure considerations.

#### **2. Research**

Documentation of research and scholarship for salary increase determinations will be the same as that utilized for annual reviews and promotion/tenure considerations.

#### **3. Service**

Documentation of service for salary increase determinations will be the same as that utilized for annual reviews and promotion/tenure considerations to include satisfactory performance in clinical practice.

### **VII. Promotion and Tenure and Promotion Reviews**

Outlined below are the Department of Surgery's formal criteria for academic advancement, including promotion on each faculty track and awarding of tenure.

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

The quantity and quality of publications will be used to assess scholarship. To assess the quality for the basic scientists including PhD and MD with no clinical responsibility, the H-Index and impact factors as specified in the College of Medicine APT document will be applied. To assess the quality for clinically active faculty, we will calculate the mean impact factor of the top ten publications and will employ the Department of Surgery journal rank list (Appendix 1). This list is created from the list of major quality journals in which surgeons most often publish. An assessment for each specialty in surgery showed that this list was representative for the impact factors in all surgical specialties in the Department of Surgery with the exception of Pediatric Surgery. Hence a separate Journal List will be used for Pediatric Surgery (Appendix 2). From this list we will determine the quality benchmark (either the median or 75<sup>th</sup> percentile depending on rank, and clinical effort) to be used as a target goal for the mean impact factor of



the top ten publications and as a guide for promotion and tenure decisions. The lists will be revised every four years.

Although citizenship and collegiality cannot be used as an independent criterion for promotion or tenure, these positive attributes characterize the ability of a faculty member to effectively contribute to exemplary scholarship, teaching and service. A commitment to these values and principles can be demonstrated by constructive responses to and participation in University and College of Medicine initiatives. Examples include: participation in faculty governance, outreach and service; ethical behavior; adherence to principles of responsible conduct of research; constructive conduct and behavior during the discharge of duties, responsibilities and authority; and the exercise of rights and privileges of a member of the faculty. The Department will evaluate these behaviors by assessing an individual's conformance with the "Statement of Professional Ethics" of the American Association of University Professors.

## **A. Criteria**

### **1. Promotion to Associate Professor with Tenure**

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

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

Teaching excellence may be demonstrated through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards is highly valued as a teaching and mentoring activity.

Research and Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, development and successful commercialization of intellectual property, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and

community research, and implementation science, among many potential others. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.

Achievement of a national reputation is a prerequisite for promotion to Associate Professor and awarding of tenure. Objective examples of a national reputation include service on NIH or other national/international grant review panels, service on editorial board of major scientific journals, peer-review of manuscripts, participation on steering, guideline or advisory committees, selection for service in a national professional society, invitation for lectureships or scholarly reviews, receipt of national scientific awards, external letters of evaluation and other measures of national impact.

The development of a competitive, innovative and distinctive program of scholarship is also evidenced by acquisition of peer-reviewed, nationally competitive extramural support as a principal investigator, multiple investigator, or co-investigator. To encourage team science, principal investigator and co-principal investigator will be assigned equal credit for all purposes. Similarly, status as principal investigator or major effort (20% or greater) as co-investigator of a project or a program grant is an acceptable criterion for extramural funding.

Although funding by the National Institutes of Health as a principal investigator is highly desirable, it is not required for promotion and/or tenure for those faculty who are assigned 50% or more time to clinical or educational responsibilities in the College of Medicine or the Department of Surgery. For faculty with  $\geq 0.5$  Clinical FTE funding as a major effort Co-Investigator on a grant from the NIH or equivalent granting agency is highly desirable. Other nationally competitive, peer reviewed funding, including support from national charitable foundations (e.g. American Cancer Society, American Heart Association), industry, or federal entities such as the Centers for Disease Control and Prevention and the National Science Foundation will satisfy the criterion for nationally competitive peer reviewed funding for all faculty. Faculty members are encouraged to collaborate with other investigators and may, under certain circumstances, meet the requirement for extramural support for their research as a co-investigator, or other comparable role. Funding through pharmaceutical or instrumentation companies for investigator initiated proposals, or as local principal investigator for multi-center trials also meets the requirement of nationally competitive extramural funding as long as the funding magnitude is major exceeding \$200,000 per year as expected for NIH R01. A lower magnitude funding through these mechanisms will still earn productivity credit. Similarly, faculty members who generate support for their research programs through creation of spin-off companies or development of intellectual property also meet the criteria for extramural funding.

Evidence of sustained or multiple grant support is another crucial indicator of expertise in the field. Candidates for promotion to Associate Professor with tenure who are without significant clinical responsibilities must have obtained NIH or equivalent funding as a principal investigator (PI) on an R01 or as one of several program directors or principal investigators on a large NIH grant (multiple-PD/PI) (*i.e.*, multicenter R01 or equivalent such as a project on a P01, U54), or equivalent funding from the National Science Foundation (NSF) or have obtained a mid-career K award. They should ideally have



demonstrated sustainability of their research program by renewal of the NIH award and/or by garnering a second distinct NIH grant and/or another nationally competitive, peer reviewed grants. The latter may include support from prominent national charitable foundations (*e.g.*, American Heart Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. Contribution as major effort co-investigator on a major R01 scale award will also count as evidence supporting sustainability of research program. Salary recovery is expected as outlined in the subsequent sections. The maximum expected salary recovery for a faculty member with a research focus is the NIH cap.

The Department acknowledges that there may be situations in which a faculty member develops a productive, nationally renowned program of scholarship without having obtained nationally competitive peer reviewed funding. Such a situation is anticipated to be exceedingly infrequent, however and is limited to faculty with 50% or more time assigned to clinical or educational duties.

Overall, the number of publications required for awarding of promotion and tenure should be consistent with Department Workload Guidelines, and sufficient to persuasively characterize faculty members' influence in discovery of new knowledge in their fields. Thus, both quality and quantity are important considerations. Publication as first or senior author in the field's highest impact factor journals is an important variable that converges with other factors such as the extent of external funding, invited lectures, invited manuscripts, editorial boards, peer-review panels, and external letters of evaluation in the decision to promote and award tenure. It should be noted that there are highly specialized journals that may have high impact in the field, but a relatively low overall impact factor and citation index. Although the total body of scholarship over the course of a career is considered in promotion and tenure decisions, the highest priority is placed on scholarly achievements while a faculty member at Ohio State University. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or in the context of poor performance in other areas.

Entrepreneurship is a special form of scholarship valued by the College of Medicine. Entrepreneurship includes, but may not be limited to, invention disclosures, software development, materials transfers (*e.g.*, novel plasmids, transgenic animals, cell lines, antibodies, and similar reagents), technology commercialization, patent and copyrights, formation of startup companies and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the Department will analyze these flexibly. Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer-reviewed manuscript, licensing activities that generate revenues should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. These entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier.

Service: Service is broadly defined to include administrative service to the Department, the College or the University, exemplary patient care, program development, professional service to the faculty member's discipline, and the provision of professional expertise to

public and private entities beyond the University. Evidence of service can include appointment or election to Department, College of Medicine, hospital, and/or University committees and affirmative action or mentoring activities. Evidence of professional service to the faculty member's discipline can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes: reviewers of proposals, external examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

For the Department of Surgery, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to **Associate Professor with tenure** in the areas of teaching, research and service:

Teaching (M.D., D.O. or equivalent)

Evidence of persistent commitment to teaching and ongoing development of teaching abilities, as reflected by:

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.
3. Participation in the development of new educational programs for teaching students or residents at Ohio State.
4. K-award mentorship
5. Participation in the publication of material of an instructional nature or evidence of production of other forms of teaching material (e.g. videotape, computer programs, etc.)
6. Participation in teaching for local, regional and national professional organizations.
7. Participation in the development of educational materials for local, regional and national professional organizations.

(To reach the Associate Professor level the faculty member is expected to have at least three of these accomplishments, including #1 or #2).

Teaching (Ph.D.)

Evidence of persistent commitment to teaching and ongoing development of teaching abilities, as reflected by:

1. Evidence of participation in the educational processes within the division, department or college
  - a) course work: organization and oversight of approved academic courses  
lectures provided for approved academic courses
  - b) documented training of individuals or groups in research skills or techniques  
technicians and laboratory assistants  
pre-medical students graduate students  
post-doctoral fellows  
medical research fellows  
professional colleagues

- c) K-award mentorship
- 2. Evidence of teaching excellence
  - a) consistently high level evaluations of teaching performance by students and peers.
  - b) divisional, departmental or collegiate teaching awards
- 3. Development of new educational programs for teaching within the institution.
- 4. Publication of instructional materials (e.g. videotapes, computer programs, etc.).
- 5. Participation of teaching for local, regional or national organizations.
- 6. Development of educational materials for local, regional or national organizations.

(To reach the Associate Professor level the faculty member is expected to achieve accomplishment in #1 and #2, at a minimum).

Research and Scholarship (M.D., D. O. or equivalent)

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

- 1. Multiple publications in peer-reviewed journals (numbers consistent with quantitative standards of department)
- 2. Peer reviewed publications in prestigious journals, the majority of which are first-authored or senior authored.
  - a) As a guideline the successful candidate MD faculty with no clinical responsibility should have 25-50 publications with 25-35 occurring since the OSU appointment in journals with an average impact factor of 3-6 or an H-Index of 22 or above.
  - b) As a guideline the successful candidate should have 25-50 publications with 25-35 occurring since the OSU appointment. The mean impact factor of the top ten publications should be at or above 75th percentile of impact factors of journals in which the specific surgical disciplines in the Department of Surgery publish. The list of journals is listed in Appendix 1. The list will be updated every 4 years. The Faculty are encouraged to publish in other scientific journals of comparable or higher impact factor as well.
  - c) This guideline is reduced for faculty with clinical responsibilities as follows: For faculty with 50% or greater clinical effort the minimum number of publications should be 15-25 publications with 15 to 20 occurring since the date of the OSU appointment in journals listed in Appendix 1 or other scientific journals. The successful candidate will have an average impact factor of the top ten publications of at the 75<sup>th</sup> percentile of the department list or the approved specialty list and one third are first or senior authored publications.
- 3. Presentations of scholarly work at local, regional, national or international forums.
- 4. Funded grant from national or international sources at cumulative monetary levels equivalent to an R01 or patents generating licensing income. Team science is strongly encouraged.
  - a) The ideal candidate with no clinical responsibility will have salary recovery of 70% with a minimum acceptable level of 50%.
  - b) The ideal faculty member with clinical duties but <.5 cFTE will have salary recovery of 50% with the minimal acceptable salary recovery of 25%.

5. Faculty with >0.5 cFTE should have participation in extramural funding as a major Co-Investigator or be involved in clinical trials as a PI or Co-PI. For these faculty an NIH grant or equivalent is not required for promotion.
  - a) The faculty member with  $\geq 0.5$  cFTE has no requirement for salary recovery but it is considered ideal.
6. Development of an area of research or scholarship with growing national recognition.
7. Service on editorial board of journal(s).
8. Publications of book(s).
9. Publication of chapter(s) in books.

(To reach the Associate Professor level with tenure the faculty member who is <.5 Clinical FTE is expected to achieve accomplishments #1, #2, #3 #4 and #6 at a minimum). A faculty member who is  $\geq 0.5$  Clinical FTE is expected to achieve #1, #2, #3, #5 and #6.

#### Research and Scholarship (Ph.D.)

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

1. Publication in peer-reviewed journals the majority of which are first or senior authored.
  - a) As a guideline the successful candidate should have 25-50 publications with 25-35 occurring since the OSU appointment in journals with an average impact factor of 3-6 or an H-Index of 22 or above.
2. Presentation of scholarly works at multiple, national or international forums.
3. Peer-reviewed research funding from national sources at monetary levels indicative of competitive research significance as evidenced by the following: Principle Investigator on at least one R01 equivalent or patents that generate licensing income or combined with significant contributions of effort as co-investigator on multiple grants may be considered.
  - a) The ideal candidate with no clinical responsibility will have salary recovery of 70% with a minimum acceptable level of 50%.
  - b) The ideal candidate with a faculty member with clinical duties but <.5 cFTE will have salary recovery of 50% with the minimal acceptable salary recovery of 25%.
  - c) The faculty member with  $\geq 0.5$  cFTE has no requirement for salary recovery but it is considered ideal.
4. Development of a growing national reputation for research in one or more areas of importance to the scientific discipline.
5. Service on the editorial board of professional journal(s).
6. Service on grant review boards for local, regional, national or international funding organizations.
7. Retention as consultant by professional or commercial organizations.
8. Publication of books or book chapters.

(To reach the Associate Professor level with tenure the faculty member is expected to achieve accomplishment #1, #2, #3, #4, and #5 or #6, at a minimum. A faculty member with greater than 50% commitment to clinical activities is expected to achieve accomplishment in #1,#2,#3,and #4).

Service (M.D., D.O. or equivalent)

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

1. Completion of Specialty Board certification.
2. Maintenance of certification.
3. Evidence of a high-level of clinical competence.
4. Active participation in divisional, Departmental, College and/or University committee functions.
5. Participation in committee activities for local, regional and national organizations.
6. Elected office in local, regional or national professional organizations.
7. Other meritorious community service activities
8. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
9. Maintenance of appropriate licensure and medical staff appointment(s).
10. Participation in the development of new programs for the advancement of medical practice or patient care.

(To reach the Associate Professor level, the faculty member is expected to achieve accomplishments #1, #3, #4, #5,#8 and #9 at a minimum and #2 if applicable).

Service (Ph.D.)

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

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

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

**Table 1: Summary of representative metrics used to assess suitability for promotion to the rank of Associate Professor with tenure.**

Peer-Review publications *	Grants and Patents*	Teaching	Service and National Role
25-50 in journals with a mean impact of the top 10 articles at the 75 <sup>th</sup> percentile of Department Specific Surgical Specialty Rank List or average impact factors of 3-6 or an H-Index of 22 or above**. As a general guideline 25-35 peer reviewed publications since appointment as an Assistant Professor at OSU. The majority are senior or first author.	Current PI or multiple-PD/PI on 1 funded R01 and (or equivalent) <u>plus</u> either a) a second R01 <u>or</u> b) an additional funded national grant; <u>or</u> c) patents generating licensing income. The ideal candidate with 0 c FTE will have salary recovery of 70% with minimum acceptable of 50% ; with <.5 c FTE ideal salary recovery @50% with a minimum of 25%; ≥.5cFTE some salary recovery is ideal required but not required.	Consistently high levels of teaching evaluations or Teaching awards; participation in national lectures and teaching; or K-award mentorship.	Active participation in Department and Divisional Functions and University committees, Evidence of a high level of clinical competence Participation in committee activities for local, regional and national organizations.

\*For faculty with 50% or greater clinical effort the requirements are adjusted as follows: 1) Peer Review Publications: the minimum number of publications should be 15-25 publications with 15 to 20 occurring since the date of the OSU appointment in journals listed in Appendix 1 or other scenic journals. The successful candidate will have an average impact factor of the top ten publications at the 75<sup>th</sup> percentile of the Department Specific Specialty Rank List (Appendix 1) and one third are first or senior authored publications, 2) Grants and Patents Participation in extramural funding as a Co-Investigator or be involved in clinical trials as a PI or Co-PI, 3) Salary recovery from research activity is not required, but is considered ideal.

\*\* For faculty with no clinical responsibility or PhD faculty an average publication impact factor of 3-6 and an H-Index of 22 or above will be required for promotion.

## 2. Promotion to Associate Professor without Tenure

Under unusual circumstances the Department may choose to offer promotion to the rank of Associate Professor without tenure. Candidates for such a promotion will have a level and pattern of achievement that demonstrates that the candidate is making progress toward, but has not yet achieved all of the stated criteria for promotion with tenure. In the Department of Surgery this title will be restricted to physician (M.D., D.O.) candidates.

Specific criteria for this type of promotion will be based on a modification of the criteria listed in section VII.A.3. These special criteria for promotion to **Associate Professor without tenure**, in the Department of Surgery, are listed below:

Teaching (M.D., D.O. or equivalent)

Identical to promotion with tenure.

Research and Scholarship (M.D., D. O. or equivalent)

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

1. Multiple publications in peer-reviewed journals the majority of which or first or senior authored
  - a) As a guideline the successful candidate should have 15-25 publications with 10-20 occurring since the OSU appointment. The mean impact factor of the top ten publications should be at or above 75<sup>th</sup> percentile of impact factors of journals listed in Appendix 1. The faculty are encouraged to publish in other scientific journals as well.
  - b) This guideline is reduced for faculty with greater clinical responsibilities as follows: for faculty with 50% or greater clinical effort the minimum number of publications should be 15-20 publications with 10-15 occurring since the date of the OSU appointment. The mean impact factor should at the median of the impact factors of journals listed in Appendix 1.
2. Presentations of scholarly work at, national or international meetings.
3. PI on an R21, R03 or equivalent or a co-investigator on a R01 or equivalent award, PI of a clinical trial or industry grant, patent/inventorship, unfunded R01 with score between 10<sup>th</sup> and 25<sup>th</sup> percentile. For c FTE  $\geq .5$  co-investigator status on any grant is ideal unless  $\geq 25$  peer publications and national reputation are evident.
  - a) The ideal candidate with 0 c FTE will have salary recovery of 50% with a minimum of 25%;
  - b) For cFTE  $< .5$  the ideal candidate will have salary recovery of 25% with a minimum of 10%;
  - c) For the faculty with  $\geq .5$ cFTE there is no requirement for salary recovery;
  - d) For a faculty member with greater than 50% clinical effort participation as a co-investigator on any grant, including industry is sufficient and may not be necessary should there be evidence of 25 or more peer reviewed publications a national reputation. Similar accommodations can be made for an educational commitment of greater than 50% .
4. Development of an area of research or scholarship with growing national recognition.
5. Service on editorial board of journal(s).
6. Publications of book(s).
7. Publication of chapter(s) in books.

(To reach the Associate Professor level without tenure the faculty member is expected to achieve the following accomplishments: either #1 , #2, #3, #4 at a minimum).

Service (M.D., D.O. or equivalent)

Identical to promotion with tenure



**Table 2: Summary of representative metrics used to assess suitability for promotion to the rank of Associate Professor without tenure.**

Peer-Review Publications *	Grants and Patents	Teaching	Service and National Role
<p>15-25 papers with an average impact factor at the 75<sup>th</sup> percentile of Surgical Journals or of 3 to 6 or an H-Index of 18 or above. As a general guideline 15-20 peer reviewed publications since their appointment as an Assistant Professor at OSU. For &gt;.5cFTE 15-20 publications with mean impact factor at the median of surgical journals,</p>	<p>PI on an R21, R03 or co-investigator on a R01 or Industry grants; or patent/ inventorship; or an unfunded NIH R01 with a score between the 10<sup>th</sup> and 25<sup>th</sup> percentile for a new investigator. For cFTE ≥.5coinvestigator status on any grant is ideal unless ≥ 25 peer publications and national reputation are evident. The ideal candidate with 0 cFTE will have salary recovery of 50% with a minimum of 25%; for cFTE &lt; .5 the ideal candidate will have salary recovery of 25% with a minimum of 10%; for the faculty with ≥.5cFTE there is no requirement for salary recovery</p>	<p>Consistently high level teaching evaluations by students and residents; positive lecture evaluations from national audience; or Teaching awards.</p>	<p>University committees plus: Evidence of a high level of clinical competence Participation in committee activities for local, regional and national organizations</p>

\*For clinicians seeking promotion without tenure substantial accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. However, for clinicians with <50% clinical effort there should be evidence of at least co-investigator status in one of the grant categories listed above is a prerequisite. For clinicians with > 50% clinical effort a strong publication record (i.e., ≥ 25 peer review publications) with emerging national reputation may be sufficient for promotion. Similar accommodations can be made on the basis of educational commitments.



### **3. Promotion to Professor (Tenure-Track)**

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

Teaching: A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. The faculty member should make new, unique and impactful contributions to the teaching mission as an Associate Professor. Evidence for exemplary teaching includes outstanding student and peer evaluations, course or workshop leadership and design, a training program directorship, teaching awards, organization of national course and curricula, development of teaching methods that are subsequently adopted by other institutions, development and leadership of departmental or college programs, and participation in specialty boards such as Residency Review Committees, specialty boards and the Accreditation Council for Graduate Medical Education.

Research and Scholarship: A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an Associate Professor is required for promotion to Professor. For example, 50 to 70 peer-review publications with an average impact factor of 3 to 6. Candidates for promotion to Professor should ideally have 25-35 peer-reviewed publications since their promotion to Associate Professor. Clear evidence of a national reputation including: election to membership to senior academic organizations with competitive membership, election to a leadership position to a national organization, service as a national committee or task force chair, chair of an NIH or other federal review panel, membership on an NIH study section, peer recognition or awards for research, and editorships and lectures in international venues. Candidates for promotion will be expected to have developed and maintained nationally competitive and peer reviewed extramural funding to support their research program including sustained NIH funding. At a minimum, basic science candidates for promotion to Professor must be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH awards. The requirement for competitive renewal may be replaced by the funding of an industry grant as PI. For clinician scientists seeking promotion to Professor accommodation should be made in their grant requirements based on their clinical duties.

Service: Promotion to the rank of Professor requires service with distinction to the College of Medicine, The Ohio State University, or in a national context. The faculty member should make new, unique and impactful service contributions as an Associate Professor. Criteria might include recognition in the provision of exemplary patient care; development of new and innovative programs, participation in leadership positions of a learned society, participation in and appointment to management positions in College of Medicine, University or national committees, task forces and advisory groups and other leadership roles leading to the betterment of the organization being served.

The following will constitute accomplishments characteristic of individuals worthy of promotion to **Professor** in the areas of teaching, research, service.

Teaching (M.D., D.O. or equivalent)

Evidence of persistent commitment to teaching excellence and ongoing exercise of teaching abilities, as reflected by:

1. Consistently high level evaluation of teaching performance by students, residents and peers.
2. Evidence of participation in the educational process within the division, department or college.
3. College of Medicine teaching awards as voted by medical students and/or residents.
4. Leadership role in the development of new educational programs for teaching students and residents at Ohio State.
5. Leadership role in publication of material of an instructional nature or in production of other forms of teaching material.
6. Development of innovative teaching techniques and vehicles.
7. Leadership role in teaching for local and regional professional organizations. Participation in teaching for national professional organizations.
8. Leadership role in development of educational materials for local and regional professional organizations. Participation in the development of educational materials for national organizations.
9. T32 or K-award Mentorship

(To reach Professor level, the faculty member is expected to achieve at least four of these accomplishments, including #1 and #2).

Teaching (Ph.D.)

Evidence of persistent commitment to teaching excellence and ongoing exercise of teaching abilities, as reflected by:

1. Evidence of participation in the educational processes within the division, department or college
  - a) course work: organization and oversight of approved academic courses, lectures provided for approved academic courses
  - b) documented training of individuals or groups in research skills or techniques  
technicians and laboratory assistants  
graduate students  
postdoctoral fellows  
medical research fellows  
professional colleagues
  - c) K award mentoring or T32
2. Evidence of teaching excellence
  - a) consistently high level evaluations of teaching performance by students and peers
  - b) divisional, departmental or collegiate teaching awards
3. Leadership in development of new educational programs for teaching within the institution.
4. Development of innovative teaching techniques or vehicles.

5. Leadership in production of instructional materials (e.g. videotapes, computer programs, etc.).
6. Participation in teaching for local, regional or national organizations.
7. Leadership in development of educational materials for local, regional or national organizations.

(To reach Professor level, the faculty member is expected to achieve at least three of these accomplishments, including accomplishments #1 and #2).

Research and Scholarship (M.D., D.O. or equivalent)

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

1. For faculty with no clinical duties 50-70 papers with a mean impact factor 3 to 6 or an H-Index of 25 or more.
2. The successful candidate with an assignment as  $<.5$  clinical FTE is expected to have 50 to 70 peer-review publications with an average impact factor of the top ten publications at or above 75<sup>th</sup> percentile of impact factors of journals in which surgical specialty in the Department of Surgery publish. The list of journals is listed in Appendix 1. The list will be updated every 4 years. The faculty are encouraged to publish in other scientific journals as well. Candidates for promotion to Professor should ideally have 25-35 peer-reviewed publications since their promotion to Associate Professor.
3. The successful candidate with an assignment of  $\geq .5$  clinical FTE is expected to have a minimum of 40 peer-review publications with an average impact factor of the top ten publications should be at or above 75<sup>th</sup> percentile of impact factors of journals in which surgical specialty in the Department of Surgery publication list. The list of journals is listed in Appendix 1. The list will be updated every 4 years. The faculty are encouraged to publish in other scientific journals as well. Candidates for promotion to Professor should ideally have 15-20 peer-reviewed publications since their promotion to Associate Professor.
4. Publications of major significance in prestigious journals, the majority of which are first or senior authored. For faculty with  $\geq .5$  clinical FTE one third of the publications should be first or senior authored.
5. Presentations of scholarly work at national or international meetings.
6. Sustained grant funding as principal investigator from national sources at levels indicating major research significance. Extramural funding since promotion to Associate Professor is required.
  - a) The successful candidate with an assignment as  $\leq .5$  clinical FTE will show a record of continuous funding and ideally be the PI or Co-PI on a minimum of two R01 equivalents, one of which may be from industry or be a PI on a program project grant or a PI on an R01 and be involved in team science and multidisciplinary pursuits or securing development funds  $\geq$  \$500,000 to support salary and research will be the equivalent of a second R01.
  - b) The successful candidate with an assignment as  $\geq .5$  clinical FTE will be a Co-Investigator on a minimum of one R01 equivalent, an industry grant or a Co-Investigator on a program project grant or a PI on clinical trials.
  - c) Salary Recovery Expectations
    - i) The candidate with no clinical responsibility will have salary recovery of 70%

- ii) The candidate with a faculty member with clinical duties but <.5 cFTE will have salary recovery of 50%.
  - iii) The faculty member with  $\geq .5$  cFTE has no requirement for salary recovery but it is considered ideal.
7. National recognition as an expert in a particular area of research or scholarship.
  8. Editorship of journal(s).
  9. Lead authorship of books.
  10. Lead authorship of chapters in books.

(To reach the Professor level, the faculty member is expected to achieve accomplishment #1 through #6 at a minimum).

#### Research and Scholarship (Ph.D.)

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

1. Publication in peer-reviewed journals (numbers consistent with quantitative standards of department and scientific discipline).
2. Publications of major scientific significance in prestigious journals, identified by peers using objective standards of the scientific discipline.
3. Significant proportion of first author or senior author publications in peer-reviewed journals.
4. The successful candidate should have published 50-70 papers with a mean impact factor of 3 to 6. Ideally there should be 25-35 peer-reviewed journal papers since promotion to Associate Professor
5. Presentations of scholarly work at multiple local, regional, national or international forums.
6. Sustained awards of peer-reviewed research funding from national sources indicative of competitive research significance. The successful candidate ideally shall be the PI on at least two active awards including at least one R01 or be a PI on a program project grant. Major effort co-investigator on R01 or larger awards will be counted as well. Securing of developmental funds in excess of \$500,000 cumulatively to support research and salary will count as a second award as well. Extramural funding since promotion to Associate Professor is required. The candidate will have salary recovery of 70% up to the NIH cap.
7. Established national or international reputation for research in one or more areas of importance to the scientific discipline.
8. Service on the editorial board of professional journal(s).
9. Service on grant review boards for local, regional, national or international funding organizations.
10. Retention as consultant by professional or commercial organizations.
11. Leadership in publication of books or book chapters.

(To reach the Professor level, the faculty member is expected to achieve accomplishments #1 through #8, at a minimum).

Service (M.D., D.O. or equivalent)

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

1. Recognized as a leader in an area of clinical expertise. Director of a service, center institute, division or a section or recognition by peers in Best Doctors
2. Maintenance of Certification
3. Chair of Department, College of Medicine or University committee.
4. Leadership role in committee activities for national and international organizations.
5. Elected office in national or international professional organization(s) or NIH study section membership or federal panel or committee
6. Prominent role in community service activities.
7. Leadership role in the Department.
8. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
9. Maintenance of appropriate licensure and medical staff appointment(s).
10. Leadership role in the development of new programs for clinical care.

(To reach the Professor level, the faculty member is expected to achieve 5 of these accomplishments including, #1 ( only for c FTE >.5 ) #3 or #4 , #7 #8 and in addition # 2 if applicable).

Service (Ph.D.)

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

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

(To reach the Professor level, the faculty member is expected to achieve 4 of these accomplishments including #7).

**Table 3 Summary of representative metrics used to assess suitability for promotion the rank of Professor with tenure.**

Peer-Review Publications	Grants and Patents*	Teaching	Service and National Role
<p>For faculty with no clinical duties 50-70 papers with a mean impact factor 3 to 6 or an H-Index of 25 or more. For faculty with clinical duties &lt;5 cFTE the mean impact factor of the top ten articles should be at the 75<sup>th</sup> percentile of the surgery specialty specific journal list. Ideally there should be 25-35 peer-reviewed journal papers since promotion to Associate Professor. For <math>\geq .5</math> c FTE a minimum of 40 publications with mean impact factor of the top ten publication at the 75<sup>th</sup> percentile for specialty surgical journal list.</p>	<p>Sustained research awards (preferably R01) since Associate Professor promotion. Expected: a) second significant national grant <u>or</u> b) a second Industry award as PI, or equivalent grant (e.g., project on a P01 or U54 project); <u>or</u> c) licensing revenue to offset salary; or secure over \$500,000 of development funds to support research and salary. The successful candidate with an assignment as <math>&gt;.5</math> clinical FTE will be a Co-Investigator on a minimum of one R01 equivalent or a Co-Investigator on a program project grant or a PI on clinical trials. The candidate with 0 cFTE will have salary recovery from all sources of 70% to the NIH cap ; for cFTE <math>&lt; .5</math> the candidate will have salary recovery from all sources of 50% to the NIH cap; for the faculty with <math>\geq .5</math>cFTE there is no requirement for salary recovery but some is ideal</p>	<p>Teaching awards; consistently positive teaching evaluations or positive lecture evaluations from national audience; or T32 or K-award mentorship.</p>	<p>University committees plus: Leadership role in national or international society or NIH study section membership or federal panel or committee work; Journal editorial board or ad hoc reviewer, National leader in an area of clinical expertise or Best Doctors etc. for cFTE <math>&gt;.5</math>)</p>

\*For clinicians seeking promotion to Professor with tenure, accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. However, for those with 50% or greater clinical effort evidence of at least co-PI status in one of the grant categories listed above is a prerequisite to tenure. For

clinicians with a greater than 50% clinical commitment there should be either evidence of co-investigator status in one of the grant categories listed above and/or strong publication record coupled with international recognition of clinical excellence. Similar accommodations can be made on the basis of educational commitments.

#### **4. Clinical Faculty**

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

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

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

##### **A. Associate Professor, Clinician Educator Pathway**

The awarding of promotion to the rank of Associate Professor in the Clinical Faculty – Clinician-Educator Pathway should be based upon clear and convincing evidence that that the candidate is developing a national level of impact and recognition as a clinician educator since being appointed to the rank of Assistant Professor.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are necessary evidence of teaching excellence. Candidates should demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of impactful, innovative programs that integrate teaching, research and patient care are particularly valued. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity.

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



Scholarship: The candidate should demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications (10-15) and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules.

For the Department of Surgery, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to **Associate Professor** on the Clinical Faculty – Clinician Educator Pathway in the areas of teaching, research and service:

Teaching (M.D., D.O. or equivalent)

Evidence of persistent commitment to teaching and ongoing development of teaching abilities, as reflected by:

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.
3. Participation in the development of new educational programs for teaching students or residents at Ohio State.
4. Local leader of a nationally funded or multi-institutional educational project
5. Participation in the publication of material of a scientific or instructional nature or evidence of production of other forms of teaching material (e.g. videotape, computer programs, etc.)
6. Participation in teaching for local, regional and national professional organizations with high level lecture evaluations from national audiences
7. Participation in the development of educational materials for local, regional and national professional organizations.

(To reach the Associate Professor level the faculty member is expected to have at least three of these accomplishments, including #1 or #2 and # 3 or #4 and #5 or #6).

Research and Scholarship (M.D., D.O or equivalent)

1. Publications in peer-reviewed journals. As a general guideline, 10-15 peer reviewed publications of which the top 10 have a mean impact factor at the median (50<sup>th</sup> percentile) of surgical specialty journals (Appendix 1 and 2), scholarly review articles, and/or web based or video teaching modules since being appointed as Assistant Professor at OSU.
2. Presentations of scholarly work at local, regional, national and international meetings. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.).
3. Local lead investigator of an educational grant or a multi-institutional educational program.

(To reach the Associate Professor level, the faculty member is expected to achieve three of these accomplishments including #1).

Service (M.D., D.O. or equivalent)

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Evidence of a high-level of clinical competence.
4. Active participation in divisional, Departmental, College, Health Sciences, Health System or Medical Staff and/or University committee functions.
5. Participation in committee activities for local, regional and national organizations.
6. Elected office in local, regional or national professional organizations.
7. Other meritorious community service activities
8. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
9. Maintenance of appropriate licensure and medical staff appointment(s).

(To reach the Associate Professor level, the faculty member is expected to achieve accomplishments #1, #2 (if applicable) #3, #4, #5, #8, and #9).

**Table 4: Summary of representative metrics used to assess suitability for promotion to Associate Professor in the Clinical Faculty-Clinician Educator Pathway.**

<b>Peer-Review Publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service</b>
As a general guideline, 10-15 peer reviewed publications with mean impact factor of the top 10 publications at median of Surgical Specialty Journal Rank list, scholarly review articles, and/or web based or video teaching modules since being appointed as Assistant Professor at OSU.	Local leader or co-investigator of at least one educational grant or multi-institutional educational project or participation as the lead in new OSU educational programs unless $\geq 25$ peer publications and national reputation are evident	Excellent evaluations; Positive lecture evaluations from national audience; Teaching awards	University committees; Committee work in professional organization; Director or Co-director of a Divisional or Departmental educational program.

**B. Professor, Clinician Educator Pathway**

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

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

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

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

**Scholarship:** The candidate must demonstrate sustained contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications (16-30) and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules.

For the Department of Surgery, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to **Professor** on the Clinical Faculty – Clinician Educator Pathway in the areas of teaching, research and service:

**Teaching (M.D., D.O. or equivalent)**

Evidence of persistent commitment to teaching and ongoing development of teaching abilities, as reflected by:

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.
3. Participation in the development of new educational programs for teaching students or residents at Ohio State.
4. National leader of a nationally funded or multi-institutional educational project.
5. Participation in the publication of material of a scientific or instructional nature or evidence of production of other forms of teaching material (e.g. videotape, computer programs, etc.).
6. Participation in teaching for national or international professional organizations and excellent lecture evaluations from these audiences

7. Participation in the development of educational materials for national or international professional organizations.

(To reach the Professor level the faculty member is expected to have at least four of these accomplishments, including #1 or #2 and # 3, #4, #5 and #6).

Research and Scholarship (M.D., D.O. or equivalent)

1. Publications in peer-reviewed journals. As a general guideline, a minimum of 30 peer reviewed publications, scholarly review articles, and/or web based or video teaching modules since being appointed as Associate Professor at OSU with a mean impact factor of the top ten at the 50<sup>th</sup> percentile of the Surgical Specialty Departmental Journal Rank List.
2. Publication of books, chapters or monographs.
3. Presentations of scholarly work at local, regional, national and international meetings.
4. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.).
5. Local leader of a nationally funded or multi-institutional educational project unless  $\geq 45$  publications and clear evidence of a national reputation.

(To reach the Professor level, the faculty member is expected to achieve four of these accomplishments including #1 and #5).

Service (M.D., D.O. or equivalent)

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Evidence of a high-level of clinical competence.
4. Leadership in divisional, Departmental, College, and/or University committee functions.
5. Leadership of committee activities for national or international organizations.
6. Elected office in national or international professional organizations.
7. Director of a Department or Divisional Educational Program.
8. Other meritorious community service activities.
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Maintenance of appropriate licensure and medical staff appointment(s).

(To reach the Professor level, the faculty member is expected to achieve accomplishments #1, #2 (if applicable) #3, #4, and #5 or #6 or #7, and #9 and #10).

**Table 5: Summary of representative metrics used to assess suitability for promotion to Professor in the Clinical Faculty - Clinician Educator Pathway.**

<b>Peer-Review Publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service</b>
As a general guideline a minimum of 30 peer reviewed publications, scholarly review articles with mean impact factor of the top ten articles at 50 <sup>th</sup> percentile of Surgical Specialty Journal Rank and/or development of multiple web based or video teaching modules since being promoted to Associate Professor.	National leader, co-lead or co-investigator of at least one nationally-funded or sponsored multi-institutional educational project, unless $\geq 45$ peer publications and national reputation in are evident.	Excellent evaluations; Positive lecture evaluations from national audience; National teaching awards	Leadership role in College or University committees; Leadership role in national professional organization or Director of Divisional or Departmental educational program.

### **C. Associate Professor, Clinician Scholar Pathway**

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

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

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in clinical trials. Again, participation in collaborative, multidisciplinary research and team science is highly valued even though it may result in “middle” authorship, as long as the faculty member’s unique contribution can be discerned. Faculty on this pathway should have acquired external funding in support of their program of scholarship. Candidates should have a track record of being co- investigators in foundation, industry or NIH studies. Entrepreneurship and inventorship are also

evidence of scholarly activity, as described in Section VII [Criteria for promotion to Associate Professor with tenure] above, and will be viewed most favorably.

For the Department of Surgery, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to Associate Professor on the Clinical Faculty – Clinician Scholar Pathway in the areas of teaching, research and service:

Teaching (M.D., D.O. or equivalent)

Evidence of persistent commitment to teaching and ongoing development of teaching abilities, as reflected by:

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.
3. Participation in the development of new educational programs for teaching students or residents.
4. Participation in teaching for local, regional and national clinical organizations and high level evaluations from national audiences.
5. Participation in the development of clinical materials for local, regional and national professional organizations.

(To reach the Associate Professor level the faculty member is expected to have at least two of these accomplishments, including #1 or #2 and # 3 or #4).

Research and Scholarship (M.D., D.O or equivalent)

1. Publications in peer-reviewed journals. As a general guideline, 10-15 peer reviewed publications with a mean impact factor at the top 10 articles at the median of the Surgical Specialty Rank List, scholarly review articles, and/or web based or video teaching modules since being appointed as Assistant Professor at OSU.
2. Participation as an investigator or co-investigator on at least one clinical trial or nationally funded grant unless  $\geq 25$  publications and evidence of an evolving national reputation.
3. Presentations of scholarly work at local, regional, national and international meetings.
4. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.)

(To reach the Associate Professor level, the faculty member is expected to achieve three of these accomplishments including #1 and #2).

Service (M.D., D.O. or equivalent)

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Evidence of a high-level of clinical competence as recognized by clinical outcomes and patient evaluations.

4. Active participation in divisional, Departmental, College, Health Sciences, Health System and/or University committee functions.
5. Participation in the development of new programs or evidence based practice guidelines for the advancement of medical practice or patient care.
6. Committee participation in local, regional and national organizations.
7. Elected office in local regional, national or international professional organizations.
8. Other meritorious community service activities
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Maintenance of appropriate licensure and medical staff appointment(s).

(To reach the associate Professor level, the faculty member is expected to achieve accomplishments #1, #2 ( if applicable) #3, #4 or #5, and #6, #9, #10 at a minimum).

**Table 6: Summary of representative metrics used to assess suitability for promotion to Associate Professor in the Clinical Faculty-Clinician Scholar Pathway.**

<b>Peer-review publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service</b>
As a general guideline 10-15 peer reviewed publications, the majority since being appointed as an Assistant Professor at OSU with mean impact factor of the top ten at the median of surgical specialty journal rank list	Participation as an investigator or co-investigator on at least one clinical trial or other nationally funded grant unless $\geq 25$ peer publications and national reputation are evident	Excellent evaluations; Positive lecture evaluations from national audience	University committees; Committee work in professional organization

#### **D. Professor, Clinician Scholar Pathway**

The awarding of promotion to the rank of Professor in the Clinical Faculty – Clinician-Scholar pathway must be based upon clear and convincing evidence that that the candidate has developed a national level of recognition as a clinician scientist since being appointed to the rank of Associate Professor (see Table 7).

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

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



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

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by primary or senior authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in clinical trials. For example, 40 peer-review publications in journals. Faculty members on this should ideally have been co-investigators on multiple NIH, industry, or major national clinical trials. Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VI.A. and will be viewed most favorably.

For the Department of Surgery, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to Professor on the Clinical Faculty – Clinician Scholar Pathway in the areas of teaching, research and service:

Teaching (M.D., D.O. or equivalent)

Evidence of persistent commitment to teaching and ongoing development of teaching abilities, as reflected by:

1. Consistently high level evaluations of teaching performance by students, residents, peers.
2. Divisional or departmental teaching awards as voted by medical students and/or residents.
3. Participation in the development of new educational programs for teaching students or residents.
4. Participation in faculty mentoring or T32 grants.
5. Participation in teaching for national or international professional organizations and excellent lecture evaluations from national audiences.
6. Participation in the development of educational and clinical materials for national and international professional organizations.

(To reach the Professor level the faculty member is expected to have at least three of these accomplishments, including #1 or #2, and # 3 or #4, and #5 or #6).

Research and Scholarship (M.D., D.O or equivalent)

1. Publications in peer-reviewed journals. As a general guideline the candidate should have a minimum of 30 peer reviewed publications, scholarly review articles, and/or web based or video teaching modules. Of these 15 being since promoted or appointed to Associate Professor at OSU. The mean impact factor of the top ten publications should be at the 50<sup>th</sup> percentile of surgical specialty journal rank list.
2. Participation as an investigator or co-investigator in multiple clinical trials or nationally funded grant at least one of which is as a principal investigator; or patents; or national reputation for innovation unless  $\geq 50$  publications and evidence of an established national or international reputation.
3. Presentations of scholarly work national or international meetings.
4. Invited lectureships and visiting Professorships

5. Development, publication and/or presentation of scholarly work in other formats (e.g., videotapes, DVDs, etc.)

(To reach the Professor level, the faculty member is expected to achieve three of these accomplishments including #1 and #2).

Service (M.D., D.O. or equivalent)

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Evidence of a high-level of clinical competence as evidenced by outstanding clinical outcomes, patient evaluations and national peer recognition in Castle-Connolly or Best Doctors etc.
4. Director of a clinical service
5. Chairperson of divisional, Departmental, College, Health Sciences, Health System and/or University committee functions.
6. Committee Chair for national or international organizations.
7. Elected office in national or international professional organizations.
8. Other meritorious community service activities.
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Maintenance of appropriate licensure and medical staff appointment(s).

(To reach the Professor level, the faculty member is expected to achieve accomplishments #1 , #2 ( if applicable ) #3, #4,or#5 and #6 or #7 and #9 and #10 at a minimum).

**Table 7: Summary of representative metrics used to assess suitability for promotion to Professor in the Clinical Faculty -Clinician Scholar Pathway.**

<b>Peer-Review Publications</b>	<b>Grants and Patents</b>	<b>Teaching</b>	<b>Service</b>
A minimum of 30 publications with mean impact factor of the top ten@ 50th percentile of surgical journals as determined by rank methodology; 15 peer reviewed publications since being promoted to Associate Professor.	Investigator status on multiple clinical trials or other national grants one of which is as a principal investigator; or patents; or national reputation for clinical innovation unless $\geq 50$ peer publications and national reputation are evident	Excellent evaluations; Positive lecture evaluations from national audience; T32 or K award mentor	University committees; Leadership role in national professional organization or Director of a Clinical Service. Evidence of high level of clinical competence including peer recognition: Best Doctors etc.

## **F. Associate, Clinical Excellence Pathway**

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

One of the most important measures of excellence in the scholarship of practice would be evidence that activities or innovations of an individual faculty member have contributed to a change in the scope and the nature of practice in his or her own discipline. Another piece of evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems. Other examples of evidence that may be used to document excellence in the scholarship of practice include:

For the Department of Surgery, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to Associate Professor on the Clinical Excellence Pathway in the areas of teaching, research and service:

### Teaching (M.D., D.O. or equivalent)

Evidence of persistent commitment and engagement in to teaching

1. Evidence of involvement in teaching of students and residents,
2. Evidence of development of educational materials for patients

(To reach the Associate Professor level the faculty member is expected to have at least one of these accomplishments).

### Research and Scholarship (M.D., D.O or equivalent)

1. Evidence of participation in clinical research including but not limited to enrollment of patients in clinical trials available in the medical center or national studies, publication of practice guidelines or publication of clinical innovation.
2. Evidence of establishing a data base on patients for the purpose of monitoring quality and outcomes in the physician's area of practice.

(To reach the Associate Professor level, the faculty member is expected to achieve one of these accomplishments).

### Service (M.D., D.O. or equivalent)

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

1. Completion of specialty Board certification.
2. Maintenance of certification.
3. Maintenance of appropriate licensure and medical staff appointment(s).
4. Evidence of a high-level of clinical competence as demonstrated by patient mortality less than expected, 95% compliance with specialty specific process measures such as appropriate perioperative antibiotics, thromboembolism prophylaxis etc.

5. Evidence of a high level of patient service as demonstrated by patient satisfaction scores at or above the 90<sup>th</sup> percentile.
6. Clinical productivity as measured by work RVUs according to benchmarks at the 75<sup>th</sup> percentile or above with full recovery of salary, retirement and benefits from clinical service.
7. Active participation in divisional or Departmental activities including faculty meetings, morbidity and mortality conferences and grand rounds
8. Other meritorious community service activities.
9. Demonstrated adherence to the values contained in the Statement of Professional Ethics of the American Association of University Professors.
10. Evidence of clinical excellence:
  - a) Patients from outside our primary service area routinely are referred specifically to, or seek care from the faculty member
  - b) Evidence that a faculty member is routinely consulted by physicians from outside our primary service area
  - c) Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member.
  - d) Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted by other institutions or practices.
  - e) Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the University.
  - f) Evidence that the faculty member participates as an instructor in regional or national courses or seminars.
  - g) Selection for Best Doctors lists.

(To reach the Associate Professor level, the faculty member is expected to achieve accomplishments in eight areas including #1, #2 (if applicable), #3, #4, #5, #6, #7, #9 and 3 of 7 sub-points in #10).

### **G. Professor, Clinical Excellence Pathway**

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

For the Department of Surgery, the following will constitute specific accomplishments characteristic of individuals worthy of promotion to Professor on the Clinical Excellence Pathway in the areas of teaching, research and service:

Teaching (M.D., D.O. or equivalent)

Evidence of persistent commitment and engagement in to teaching.

1. Evidence of involvement in teaching of students and residents,
2. Evidence of development of educational materials for patients.

(To reach the Associate Professor level the faculty member is expected to have at least one of these accomplishments).

Research and Scholarship (M.D., D.O or equivalent)

1. Evidence of participation in clinical research including but not limited to enrollment of patients in clinical trials available in the medical center or national studies publication of national practice guidelines or publication of clinical innovation.
2. Evidence of establishing a data base on patients for the purpose of monitoring quality and outcomes in the physician's area of practice.

(To reach the Associate Professor level, the faculty member is expected to achieve one of these accomplishments).

Service (M.D., D.O. or equivalent)

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

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

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

(To reach the Professor level, the faculty member is expected to achieve accomplishments in nine areas including #1, #2 (if applicable), #3, #4, #5, #6, #7, #8, #10 and 5 of 7 subpoints in #11).

## **5. Research Faculty**

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

### **A. Associate Professor**

Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, etc. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding, or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.

The development of a competitive, innovative and distinctive program of scholarship is also evidenced by acquisition of peer-reviewed, nationally competitive extramural support as a PI or multiple-PD/PI or as co-investigator on several awards. Similarly, status as core director in a program grant is an acceptable criterion for extramural funding.

Although funding by the NIH is highly desirable, it is not required for promotion on this pathway. Other nationally competitive, peer reviewed funding, including support from national charitable foundations (*e.g.*, American Heart Association or American Cancer Society), industry, or federal entities such as the CDC and the NSF will satisfy the criterion for nationally competitive peer reviewed funding should evidence exist for a sustained record of funding from these types of agencies. Faculty members are encouraged to collaborate with other investigators and may therefore meet the requirement for extramural support for their research as a co-investigator on NIH awards,

or other comparable roles on awards from private foundations. Funding through pharmaceutical or instrumentation companies for investigator initiated proposals, or as local principal investigator for multi-center trials also meets the requirement of extramural funding. Similarly, faculty members who generate support for their research programs though their contribution to the creation of patents with associated license-derived income or spin-off companies also meet the criteria for extramural funding. It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources.

Specific metrics in support of excellence in scholarship may be discipline-specific. Therefore, each Department will define in their formal Appointments, Promotion and Tenure document, an acceptable range of scholarly productivity, and must explicitly balance qualitative and quantitative accomplishments to guide promotion and tenure decisions. Examples of discipline specific considerations include publications in highly specialized journals that may have high impact in the field, but a relatively low overall impact factor and citation index. In addition, levels of productivity in disciplines may vary substantially and this variation must be appropriately acknowledged.

Overall, the number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. Publication as at least a co-author in the field's highest impact factor journals is an important variable that converges with other factors such as the extent of external funding, invited lectures, invited manuscripts, editorial boards, peer-review panels, and external letters of evaluation in the decision to promote. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.

Entrepreneurship is a special form of scholarship valued by the College of Medicine. Entrepreneurship includes, but may not be limited to, invention disclosures, software development, materials transfers (*e.g.*, novel plasmids, transgenic animals, cell lines, antibodies, and similar reagents), technology commercialization, patent and copyrights, formation of startup companies and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the College of Medicine will analyze these flexibly. Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer-reviewed manuscript, licensing activities that generate revenues should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. These entrepreneurial activities will be recognized as scholarly or service activities in the promotion dossier.

## **B. Professor**

The awarding of promotion to the rank of Research Professor must be based upon clear and convincing evidence that the candidate has developed a national leadership role or an international level of impact and recognition.



**Scholarship:** A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an Associate Professor is required for promotion to the rank of Professor on the Research Faculty. Clear evidence of national leadership and/or an international reputation must be achieved. Examples of such a national reputation include service on NIH or equivalent grant review panels, participation on steering, guideline or advisory committees, selection for service in a national professional society, invitation for lectureships or scholarly reviews, receipt of national scientific awards, external letters of evaluation and other measures of national impact.

### **Promotion: Associate Professor on the Research Faculty**

The following will constitute accomplishments of individuals worthy of promotion to **Associate Professor** on the Research Faculty.

#### Teaching

No requirements.

#### Research and Scholarship

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

1. Peer reviewed publications in prestigious journals, the majority of which are first-authored or senior authored. As a guideline the successful candidate should have 25-50 publications with 25-35 occurring since the OSU appointment with average impact factors of 3-6 or an H-Index of 22 or above.
2. Presentation of scholarly work at local, regional, national or international forums.
3. Evidence of external funding as a principal investigator on one R01 equivalents with other grants or patent generating licensing income to the Department. Ideal candidate will have evidence of 50% salary recovery.
4. Development of an area of research or scholarship with growing national recognition.
5. Participation on national research review panels such as NIH study sections.
6. Service on editorial board of journal(s).
7. Publications of book(s).
8. Publication of chapter(s) in books.

(To reach the Associate Professor level the candidate should have evidence of accomplishments in #1- #5).

#### Service

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

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

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

### **Promotion: Professor on the Research Faculty**

The following will constitute characteristics of individuals worthy of promotion to **Research Professor** on the Research Faculty.

#### Teaching

No requirements.

#### Research and Scholarship

1. Peer reviewed publications in prestigious journals, the majority of which are first-authored or senior authored. As a guideline the successful candidate should have 50-70 papers, of which 25-35 occurred since appointment as Associate Professor. The mean impact factor of 3 to 6 or an H-Index of 25.
2. Presentation of scholarly work at local, regional, national or international forums.
3. Evidence of external funding as a principal investigator on two R01 equivalents and other grants or two or more patents yielding licensing income with full salary recovery. The candidate will have 70% salary recovery.
4. Development of an area of research or scholarship with growing national recognition.
5. Participation on national research review panels such as NIH study sections.
6. Service on editorial board of journal(s).
7. Publications of book(s).
8. Publication of chapter(s) in books.

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

#### Service

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

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

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

## **6. Associated Faculty**

By definition, Associated Faculty members focus on a specific aspect of the Department and College mission. Accordingly, their promotion is based on performance in a particular role. In general, they must demonstrate excellence and innovation in their focus area.

### **Promotion: Associate Professor on the Associated Faculty**

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

Scholarship: For faculty members whose principal focus is scholarship, benchmarks include participation in research projects, programs, or other scholarly activity that result in enhanced regional recognition of the College or the Department through publications, funded programs, or other means. Presentations at regional meetings or leadership or participation in regional organizations dedicated to the faculty member's area of focused scholarship serve as further indicators of advancement to this rank. Although a record of publication is not an expectation in the Associated Faculty, publications or other forms of dissemination of scholarship are valued and contribute to advancement in rank.

Leadership and Administration: For faculty members whose principal focus is service, benchmarks may include the faculty member's membership and participation on committees or other leadership groups. Significant contributions through membership on committees contributing to the growth in excellence of the College or which have made fundamental and innovative changes in College procedures, practice or culture constitute significant benchmarks. There must be a sustained commitment to leadership and administration rather than a single interaction with a College committee or leadership group.

Patient Care: For faculty members whose principal focus is patient care, excellence in patient care is demonstrated by recognition such as regional and national Best Doctors listings or other recognition of excellence in patient care. Innovative approaches to patient care or introduction of new patient populations to those currently served by the faculty of the Department constitute a further benchmark. A fundamental metric is whether the faculty member has changed the practice in his or her field through the innovations referred to above.

### **Promotion: Professor on the Associated Faculty**

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

Teaching and Mentoring: For faculty members whose principal focus is teaching and mentoring, faculty promoted to the rank of Professor will not only have the accomplishments of an Associate Professor but will also attain broader recognition for contributions through curriculum development and recognition of excellence in

education. This may come in the form of regional and national teaching awards, membership and leadership in national organizations and meetings dedicated to medical education, adoption of teaching innovations and curricula introduced by the faculty member to institutions outside the College of Medicine, and invitations to speak at outside institutions. Although publications are not an expectation, publications or web sites conveying the faculty member's innovations will serve as an indication for dissemination of innovation outside the College.

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

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

Patient Care: For faculty members whose principal focus is patient care, excellence in patient care extending outside the institution is expected as demonstrated by national Best Doctors listings or other recognition of excellence in patient care. Evidence of wide referral of patients may serve as an indicator of recognized patient care excellence and expertise where appropriate. Other benchmarks include innovative approaches to patient care or introduction of new patient populations that are adopted or have influence outside the Department or the College of Medicine. Invitations to speak at outside institutions or consult with national organizations regarding the faculty member's patient care expertise are further indicators of recognized expertise for this rank. In contrast to Associate Professor, a fundamental metric is whether the faculty member has changed the practice in his or her field such that it has impact outside the College of Medicine.

## **B. Procedures**

The department's procedures for promotion and tenure and promotion reviews are fully consistent with those set forth in Faculty Rule [3335-6-04](#), and the Office Academic Affairs annually updated procedural guidelines for promotion and tenure reviews found in Volume 3 of the [Policies and Procedures Handbook](#). The following sections, which state the responsibilities of each party to the review process, apply to all faculty s in the department.

### **1. Candidate Responsibilities**

Candidates are responsible for submitting a complete, accurate dossier fully consistent with Office of Academic Affairs guidelines. All dossiers within the Department of

Surgery must be done using Research in View. Candidates should not sign the Office of Academic Affairs Candidate Checklist without ascertaining that they have fully met the requirements set forth in the Office of Academic Affairs core dossier outline including, but not limited to, those highlighted on the checklist.

Candidates must submit a copy of the department's APT Document that was in effect at the time of their hire or when they were last promoted, whichever is more recent, if they wish to be reviewed under that document's criteria and procedures. This must be submitted when the dossier is submitted to the department.

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

## **2. Promotion and Tenure Committee Responsibilities**

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

- To review this document annually and to recommend proposed revisions to the faculty.
- To consider annually, in the spring, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only Professors on the committee may consider promotion review requests to the rank of Professor. A two-thirds majority of those eligible to vote on a request must vote affirmatively for the review to proceed.

The committee bases its decision on assessment of the record as presented in the faculty member's CV and on a determination of the availability of all required documentation for a full review (student and peer evaluations of teaching). Lack of the required documentation is necessary and sufficient grounds on which to deny a non-mandatory review.

A tenured faculty member may only be denied a formal promotion review under Faculty Rule [3335-6-04](#) for one year. If the denial is based on lack of required documentation and the faculty member insists that the review go forward in the following year despite incomplete documentation, the individual should be advised that such a review is unlikely to be successful.

Consistent with Office of Academic Affairs policy, only faculty members who are citizens or permanent residents of the United States may be considered for non-mandatory tenure review. The committee must confirm with the department chair that a non-tenured faculty member seeking non-mandatory tenure review is a U.S. citizen or permanent resident (has a "green card"). Faculty members not eligible for tenure due to lack of citizenship or permanent residency are moreover not considered for promotion by this department.

- A decision by the committee to permit a review to take place in no way commits the eligible faculty, the department chair, or any other party to the review to making a positive recommendation during the review itself.
- Annually, in late spring through early autumn semester, to provide administrative support for the promotion and tenure review process as described below.

**Late Spring:** Select from among its members a Procedures Oversight Designee who will serve in this role for the following year. The Procedures Oversight Designee cannot be the same individual who chairs the committee. The Procedures Oversight Designee's responsibilities are described in the Office of Academic Affairs annual procedural guidelines.

**Late Spring:** Suggest names of external evaluators to the department chair.

**Early Autumn:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with Office of Academic Affairs requirements; and work with candidates to assure that needed revisions are made in the dossier before the formal review process begins.

Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on his or her dossier. This meeting is not an occasion to debate the candidate's record.

Draft an analysis of the candidate's performance in teaching, research and service to provide to the full eligible faculty with the dossier; and seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.

Revise the draft analysis of each case following the faculty meeting, to include the faculty vote and a summary of the faculty perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the department chair.

Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier.

Provide a written evaluation and recommendation to the department chair in the case of joint appointees whose tenure initiating unit is another department. The full eligible faculty does not vote on these cases since the department's recommendation must be provided to the other tenure initiating unit substantially earlier than the Committee begins meeting on this department's cases.

### 3. Eligible Faculty Responsibilities

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

- To review thoroughly and objectively every candidate's dossier in advance of the meeting at which the candidate's case will be discussed.
- To attend all eligible faculty meetings except when circumstances beyond one's control prevent attendance; to participate in discussion of every case; and to vote.

### 4. Department Chair Responsibilities

The responsibilities of the department chair are as follows:

- Where relevant, to verify the prospective candidate's residency status. Faculty members who are neither citizens nor permanent residents of the United States may not undergo a non-mandatory review for tenure, and tenure will not be awarded as the result of a mandatory review until permanent residency status is established. Faculty members not eligible for tenure due to lack of citizenship or permanent residency are moreover not considered for promotion by this department.
- **Late Spring:** To solicit external evaluations from a list including names suggested by the Promotion and Tenure Committee, the chair and the candidate. (Also see External Evaluations below).
- To make adequate copies of each candidate's dossier available in an accessible place (option: a secure on-line site) for review by the eligible faculty at least one week before the meeting at which specific cases are to be discussed and voted.
- To remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.
- To attend the meetings of the eligible faculty at which promotion and tenure matters are discussed and respond to questions raised during the meeting.
- **Autumn:** To provide an independent written evaluation and recommendation for each candidate, following receipt of the eligible faculty's completed evaluation and recommendation.
- To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- To inform each candidate in writing after completion of the department review process:
  - Of the recommendations by the eligible faculty and department chair.
  - Of the availability for review of the written evaluations by the eligible faculty and department chair.
  - Of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the department chair, for inclusion in the dossier. The letter is accompanied by a form that the candidate returns to the department chair, indicating whether or not he or she expects to submit comments.
- To provide a written response to any candidate comments that warrants response for inclusion in the dossier.



- To forward the completed dossier to the college office by that office's deadline, except in the case of associated faculty for whom the department chair recommends against promotion. A negative recommendation by the department chair is final in such cases.
- To receive the Promotion and Tenure Committee's written evaluation and recommendation of candidates who are joint appointees from other tenure initiating units, and to forward this material, along with the department chair's independent written evaluation and recommendation, to the department chair of the other tenure initiating unit by the date requested.

## 5. External Evaluations

External evaluations of research and scholarly activity are required for all promotion reviews in the College of Medicine in every faculty group.

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

- Is written by a person highly qualified to judge the candidate's research (or other performance, if relevant) who is not a close personal friend, research collaborator, or former academic advisor or postdoctoral or residency mentor of the candidate. Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. This department will only solicit evaluations from full Professors at institutions comparable to Ohio State.
- Provides sufficient analysis of the candidate's performance to add information to the review. A letter's usefulness is defined as the extent to which the letter is analytical as opposed to perfunctory. Under no circumstances will "usefulness" be defined by the perspective taken by an evaluator on the merits of the case.

Since the department cannot control who agrees to write and or the usefulness of the letters received, at least twice as many letters are sought as are required, and they are solicited before the end of the academic year prior to the review year. This timing allows additional letters to be requested should fewer than five useful letters result from the first round of requests.

As described above, a list of potential evaluators is assembled by the Promotion and Tenure Committee, the department chair, and the candidate. If the evaluators suggested by the candidate meet the criteria for credibility, a letter is requested from at least one of those persons. Faculty Rule [3335-6-04](#) requires that no more than half the external evaluation letters in the dossier be written by persons suggested by the candidate. In the event that the person(s) suggested by the candidate do not agree to write, neither the Office of Academic Affairs nor this department requires that the dossier contain letters from evaluators suggested by the candidate.

The department follows the Office of Academic Affairs [suggested format](#) for letters requesting external evaluations.

Under no circumstances may a candidate solicit external evaluations or initiate contact in any way with external evaluators for any purpose related to the promotion review. If an external evaluator should initiate contact with the candidate regarding the review, the candidate must inform the evaluator that such communication is inappropriate and report

the occurrence to the Department Chair, who will decide what, if any, action is warranted (requesting permission from the Office of Academic Affairs to exclude that letter from the dossier). It is in the candidate's self-interest to assure that there is no ethical or procedural lapse, or the appearance of such a lapse, in the course of the review process.

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

## **C. Documentation**

As noted above under Candidate Responsibilities, every candidate must submit a complete and accurate dossier that follows the Office of Academic Affairs dossier outline, utilizing *the approved OAA dossier format* to generate the dossier. While the Promotion and Tenure Committee makes reasonable efforts to check the dossier for accuracy and completeness, the candidate bears full responsibility for all parts of the dossier that are to be completed by the candidate.

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

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

### **1. Teaching**

For the time period since appointed for probationary faculty or the last promotion or the last five years, whichever is less for tenured faculty or non-probationary faculty:

- Cumulative SEI reports (Student Evaluation of Instruction computer-generated summaries prepared by the Office of the University Registrar) for formal University classes.
- Cumulative evaluations of clinical teaching (lectures, conferences, grand rounds, patient care encounters, etc.) utilizing appropriate on-line evaluation tools, where available.
- Peer evaluation of teaching reports as required by the department's peer evaluation of teaching program.
- Copies of pedagogical papers, books or other materials published, or accepted for publication. Material accepted for publication but not yet published must be accompanied by a letter from the publisher stating that the work has been unequivocally accepted and is in final form with no further revisions needed.
- Other relevant documentation of teaching as appropriate.

## 2. Research

For the time period since appointed for probationary faculty or the last promotion or the last five years, whichever is less for tenured faculty or non-probationary faculty:

- If requested by the Department Committee, copies of all scholarly papers published or accepted for publication. Papers accepted for publication but not yet published must be accompanied by a letter from the publisher stating that the paper has been unequivocally accepted and is in final form, with no further revisions needed.
- Documentation of grants and contracts received.
- Other relevant documentation of research as appropriate (published reviews including publications where one's work is favorably cited, grants and contract proposals that have been submitted).

## 3. Service

For the time period since appointed for probationary faculty or the last promotion or the last five years, whichever is less for tenured faculty or non-probationary faculty:

- Any available documentation of the quality of service that enhances the list of service activities in the dossier.

## VIII. Appeals

Decisions regarding the renewal of probationary appointments and promotion and tenure must be made in accordance with the standards, criteria, policies and procedures described in this document, in the rules of the University, and in the Appointments, Promotion and Tenure document of the College of Medicine. If a candidate believes that a non-renewal decision or negative promotion and tenure action has been made in violation of these policies, and therefore alleges that it was made improperly, the candidate may appeal that decision. University Rules [3335-5-05](#) and [3335-6-05](#) describe the criteria and the procedures for appealing a decision based on the allegation of improper evaluation.

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

## IX. Seventh/Twelfth Year Reviews

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

If a terminal year review is conducted by this Department and the College, it will be made consistent with this document, the College's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by: (1) the College, (2) the *Rules of the University*

*Faculty*, (3) the Office of Academic Affairs, including the Office of Academic Affairs Policies and Procedures Handbook, and (4) the Office of Human Resources.

## **X. Procedures for Student and Peer Evaluation of Teaching**

### **A. Student Evaluation of Teaching**

For formal University courses taught by members of this department, the University's Student Evaluation of Instruction (SEI) should be utilized to assess performance. For all other courses and teaching activities involving students and residents, departmentally/college-based (electronic) assessment tools are to be employed.

### **B. Peer Evaluation of Teaching**

Each faculty member in the Department of Surgery is required to undergo peer review of at least two teaching sessions each year. The evaluator must be the same or higher academic rank than the faculty member they are evaluating. The evaluator submits a 2 page review of the type of teaching conference (for example grand rounds) that they observed. The evaluation focuses on the organization of the lecture, quality of presentation, speaker effectiveness and overall didactic teaching quality. There is also an opportunity to provide open ended comments. These forms are coordinated by our department of surgery education team, typically the residency coordinator. The peer review documents shall become part of the permanent file of the faculty member; they will be used as part of the annual review of the faculty member and included in the dossier for reappointment and/or promotion and/or tenure.

## Appendix 1: Department of Surgery Journal Rank List

Journal, abbreviated	Impact Factor
<a href="#">ANN SURG</a>	7.474
<a href="#">ENDOSCOPY</a>	6.096
<a href="#">AM J TRANSPLANT</a>	6.051
<a href="#">ARCH SURG-CHICAGO</a>	4.5
<a href="#">BRIT J SURG</a>	4.444
<a href="#">J AM COLL SURGEONS</a>	4.241
<a href="#">ANN SURG ONCOL</a>	4.182
<a href="#">J VASC SURG</a>	3.853
<a href="#">ANN THORAC SURG</a>	3.792
<a href="#">TRANSPLANTATION</a>	3.676
<a href="#">J THORAC CARDIOV SUR</a>	3.608
<a href="#">WOUND REPAIR REGEN</a>	3.443
<a href="#">SURG ENDOSC</a>	3.436
<a href="#">SURGERY</a>	3.406
<a href="#">TRANSPL INT</a>	3.211
<a href="#">SHOCK</a>	3.203
<a href="#">SURG OBES RELAT DIS</a>	3.173
<a href="#">J TRAUMA</a>	3.129
<a href="#">OBES SURG</a>	3.078
<a href="#">LIVER TRANSPLANT</a>	3.068
<a href="#">LASER SURG MED</a>	3
<a href="#">J ENDOVASC THER</a>	2.942
<a href="#">SURG ONCOL</a>	2.886
<a href="#">EUR J VASC ENDOVASC</a>	2.872
<a href="#">DIS COLON RECTUM</a>	2.819
<a href="#">EJSO-EUR J SURG ONC</a>	2.772
<a href="#">J GASTROINTEST SURG</a>	2.733
<a href="#">WORLD J SURG</a>	2.693
<a href="#">AM J SURG</a>	2.68
<a href="#">INT J COLORECTAL DIS</a>	2.645
<a href="#">J SURG ONCOL</a>	2.428
<a href="#">SURG CLIN N AM</a>	2.335
<a href="#">EUR J CARDIO-THORAC</a>	2.293
<a href="#">INJURY</a>	2.269
<a href="#">SURG INNOV</a>	2.255
<a href="#">J SURG RES</a>	2.239
<a href="#">LANGENBECK ARCH SURG</a>	1.951

<a href="#">CURR PROB SURG</a>	1.875
<a href="#">SEMIN PEDIATR SURG</a>	1.825
<a href="#">CLIN TRANSPLANT</a>	1.751
<a href="#">BURNS</a>	1.718
<a href="#">SURG INFECT</a>	1.651
<a href="#">HERNIA</a>	1.627
<a href="#">SEMIN VASC SURG</a>	1.5
<a href="#">COMPUT AIDED SURG</a>	1.49
<a href="#">AM SURGEON</a>	1.363
<a href="#">J CARDIOVASC SURG</a>	1.352
<a href="#">J SURG EDUC</a>	1.351
<a href="#">ANN VASC SURG</a>	1.332
<a href="#">J PEDIATR SURG</a>	1.308
<a href="#">HPB</a>	1.285
<a href="#">DIGEST SURG</a>	1.266
<a href="#">INT J MED ROBOT COMP</a>	1.257
<a href="#">EUR SURG RES</a>	1.214
<a href="#">J LAPAROENDOSC ADV S</a>	1.198
<a href="#">VASC ENDOVASC SURG</a>	1.154
<a href="#">SURG-J R COLL SURG E</a>	1.136
<a href="#">INT J SURG PATHOL</a>	1.134
<a href="#">SURG ONCOL CLIN N AM</a>	1.118
<a href="#">WORLD J SURG ONCOL</a>	1.116
<a href="#">ANZ J SURG</a>	1.098
<a href="#">ANN ROY COLL SURG</a>	1.093
<a href="#">SCAND J SURG</a>	1.08
<a href="#">SURG TODAY</a>	1.057
<a href="#">MINIM INVASIV THER</a>	1.051
<a href="#">PEDIATR SURG INT</a>	1.002
<a href="#">SURG LAPARO ENDO PER</a>	1
<a href="#">TRANSPL P</a>	0.993
<a href="#">ANN TRANSPL</a>	0.975
<a href="#">J INVEST SURG</a>	0.95
<a href="#">DIGEST ENDOSC</a>	0.946
<a href="#">PROG TRANSPLANT</a>	0.909
<a href="#">SURG RADIOL ANAT</a>	0.827
<a href="#">OSTOMY WOUND MANAG</a>	0.8
<a href="#">JSLs-J SOC LAPAROEND</a>	0.799
<a href="#">THORAC CARDIOV SURG</a>	0.753

<a href="#">ANN THORAC CARDIOVAS</a>	0.731
<a href="#">CAN J SURG</a>	0.723
<a href="#">HEPATO-GASTROENTEROL</a>	0.677
<a href="#">CHIRURG</a>	0.657
<a href="#">ASIAN J SURG</a>	0.652
<a href="#">J NEUROSURG SCI</a>	0.64
<a href="#">EUR J PEDIATR SURG</a>	0.621
<a href="#">J CARDIAC SURG</a>	0.557
<a href="#">MINERVA CHIR</a>	0.537
<a href="#">EUR SURG</a>	0.534
<a href="#">WOUNDS</a>	0.442
<a href="#">HEART SURG FORUM</a>	0.435
<a href="#">S AFR J SURG</a>	0.233
<a href="#">INT SURG</a>	0.167
<a href="#">SURG PRACT</a>	0.094
Total number of Journals	95
75th Percentile	71
Rounded to...	
90th Percentile	85
Rounded to...	
Median	47
Mean Impact Factor	
75th Percentile	2.9
90th Percentile	3.4
Median	1.3



## Appendix 2: Pediatric Surgery Publications / Impact Factors

Journal	Impact Factor
Am J Surg	2.680
J Surg Research	2.239
Current Problems in Surgery	1.875
Seminars Pediatr Surg	1.825
Burns	1.718
J Burn Care Research	1.563
Amer Surg	1.363
J Surg Educ	1.351
J Pediatr Surg	1.308
J Laparoscopic Adv Surgical Tech	1.198
Surg Laparosc Endosc Percut Tech	1.000
J Investig Surg	0.950
JSLs – J Soc Laparoend Surg	0.799
Eur J Pediatr Surg	0.621

Number of journals	14
Mean IF	1.43
50 <sup>th</sup> percentile	1.3
75 <sup>th</sup> percentile	1.7
90 <sup>th</sup> percentile	1.9

### Appendix 3: Department of Surgery Publication Requirements for Promotion and Tenure

	Rank	Mean Impact Factor of Top Ten Publications Floor*	Impact Factor (Department List)	Impact Factor Pediatric Surgery	Number of publications
Tenure	Associate Professor 0 c FTE	H-Index $\geq 22$	3-6	NA	25-50
	Associate Professor <.5cFTE	@75 <sup>th</sup> percentile	2.9	1.7	25-50
	Associate Professor >.5cFTE	@75 <sup>th</sup> percentile	2.9	1.7	15-25
	Associate Professor without tenure 0 c FTE	H-Index $\geq 18$	3-6	NA	15-25
	Associate Professor without Tenure <.5cFTE	@75 <sup>th</sup> percentile	2.9	1.7	15-25
	Associate Professor Without Tenure >.5cFTE	@50 <sup>th</sup> percentile	1.3	1.3	15-20
	Professor 0 c FTE	H-Index $\geq 25$	3-6	NA	50-70
	Professor <.5cFTE	@75 <sup>th</sup> percentile	2.9	1.7	50-70
	Professor >.5cFTE	@75 <sup>th</sup> percentile	2.9	1.7	$\geq 40$
Clinical Educator Pathway	Associate Professor	@50 <sup>th</sup> percentile	1.3	1.3	10-15
	Professor	@50 <sup>th</sup> percentile	1.3	1.3	$\geq 30$
Clinical Scholar Pathway	Associate Professor	@50 <sup>th</sup> percentile	1.3	1.3	10-15
	Professor	@50 <sup>th</sup> percentile	2.9	1.3	$\geq 30$
Clinical Excellence Faculty	SEE DOCUMENT				
Research Faculty	SEE DOCUMENT				

\*Mean impact factor calculated on top 10 publications.

#### **Appendix 4: Statement on Professional Ethics**

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

## Appendix 5: Department of Surgery Service Requirements for Promotion and Tenure

	Rank	Board Certification	MOC and MOL	High-level Clinical competence	Committee work OSU	Committee work national	Elected to Office or NIH Study Section	AAUP Ethics	OTHER
Tenure	Associate Professor 0 cFTE	YES if MD/DO	NO	NO	YES	YES	OPTIONAL	YES	
	Associate Professor <.5cFTE	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Associate Professor >.5cFTE	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Associate Professor without Tenure <.5cFTE	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Associate Professor Without Tenure >.5cFTE	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Professor 0cFTE	YES (if MD/DO)	NO	NO	YES (CHAIR)	YES (CHAIR or officer or NIH Study Section)	IDEAL, but not required		
	Professor <.5cFTE	YES	YES	YES	YES(CHAIR)	YES (CHAIR or officer or NIH Study section)	IDEAL, but not required	YES	
	Professor >.5cFTE	YES	YES	YES	YES (CHAIR)	YES (CHAIR or OFFICER of NIH Study section)	IDEAL, but not required	YES	National Clinical Recognition or Best Doctors etc.
Clinical Educator	Associate Professor	YES	YES	YES	YES	YES	OPTIONAL	YES	Co-Director Education Program
	Professor	YES	YES	YES	YES (CHAIR)	YES (CHAIR or officer)	IDEAL	YES	Director Education Program
Clinical Scholar	Associate Professor	YES	YES	YES	YES	YES	OPTIONAL	YES	
	Professor	YES	YES	YES	YES (CHAIR)	YES (CHAIR or officer)	IDEAL	YES	Director Clinical Program, Best Doctors etc.
Clinical Excellence	Associate Professor	YES	YES	YES	<u>OPTIONAL</u>	<u>NO</u>	<u>NO</u>	YES	Qualitative excellence in clinical care*
	Professor	YES	YES	YES	<u>OPTIONAL</u>	<u>NO</u>	<u>NO</u>	<u>YES</u>	Qualitative excellence in clinical care*
Research Faculty	Associate Professor	NO	NO	NO	YES	YES	OPTIONAL	YES	Direct lab or other service is ideal
	Professor	NO	NO	NO	YES(CHAIR)	YES(CHAIR)	YES	YES	Leadership role in Department: lab service same as associate

\*Outside referrals and consults, other MDs/DOs seek to train with faculty, new program or enhancements of existing programs, developed clinical innovations, participates in national education, continuous selection to Best Doctors, top decile patient satisfaction and quality indicators

## Appendix 6: Department of Surgery Research Requirements for Promotion and Tenure

	Rank	PI R-01( r equivalent funding)	CO-PI R-01 or Program Project	Additional Extramural Grant ( all sources)	Other
Tenure	Associate Professor 0 c FTE	YES ( 1 Grant)	OPTIONAL	YES	Ideal 70% salary recovery to max of NIH cap with minimum of 50%
	Associate Professor <.5cFTE	YES ( 1 Grant)	OPTIONAL	YES	Ideal 50% salary recovery to max of NIH cap with minimum of 25%
	Associate Professor >.5cFTE	NO	YES or OTHER	OPTIONAL	PI or Co-PI on Clinical Trial
	Associate Professor without tenure 0 c FTE	Unfunded R-01(10 <sup>th</sup> -25 <sup>th</sup> percentile) with R21, or R03, or Co-I on R01			Ideal 50% salary recovery of NIH cap with minimum of 25%
	Associate Professor without Tenure <.5cFTE	Unfunded R01 (10 <sup>th</sup> -25 <sup>th</sup> percentile)	YES or OTHER	NO	PI on R21, Industry Grant or patent income and ideally 25% salary recovery to max of NIH cap with a minimum of 10%
	Associate Professor Without Tenure >.5cFTE	NO	NO	NO	Co-I any grant, unless $\geq$ 25 publications and national reputation; No minimum salary recovery
	Professor 0 c FTE	YES (Sustained)	YES(or U-54,P01)	YES	70% salary recovery to max of NIH cap patents with licensing revenue to cover salary, development funds > \$500,000, Ideal
	Professor <.5cFTE	YES(Sustained)	YES (or U-54, P-01)	OPTIONAL	PI on Industry Grant equivalent or R01, 2 patents with licensing revenue to cover salary, development funds > \$500,000, Ideal 70% salary recovery to max of NIH cap
	Professor >.5cFTE	NO	NO	OPTIONAL	Co-I on R01 or P01, or PI on clinical trials
Clinical Educator	Associate Professor	NO	NO	NO	Lead or co-lead national education study or new OSU education program or $\geq$ 25 publications with national reputation
	Professor	NO	NO	NO	Local lead or co-lead national education study or multi-institution or $\geq$ 45 publications with reputation
Clinical Scholar	Associate Professor	NO	NO	NO	PI or Co-I national clinical trial unless $\geq$ 25 publications and reputation
	Professor	NO	NO	NO	Co-I multiple national trials or patent(s) with department revenue unless national reputation with $\geq$ 50 publications
Clinical Excellence	Associate Professor	NO	NO	NO	NO
	Professor	NO	NO	NO	NO
Research Faculty	Associate Professor (and reappointment)	YES(1 R01 equivalents) and other grants or patent with licensing income to department	OPTIONAL	OPTIONAL	50% salary recovery from all sources to NIH cap
	Professor (and reappointment )	Yes (2 R-01 equivalents with full salary recovery , other grants or $\geq$ 2 patents with licensing income to Department	OPTIONAL	OPTIONAL	70% salary recover from all sources to max of NIH cap