

DEPARTMENT OF INTERNAL MEDICINE
Appointments, Promotion and Tenure
Policy and Procedures

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PREAMBLE

The process of appointments, promotion, and tenure is fundamental to the encouragement and the reward of excellence within the context of the mission and goals of the Department of Internal Medicine, the College of Medicine, and The Ohio State University. In broad terms, excellence is pursued in the realms of: 1) Scholarship; 2) Teaching; 3) Service; 4) Citizenship; and 5) Program Development. Although it is recognized that faculty will focus their career goals and achievements in only some of these areas, it is also anticipated that an effort will be made to maintain high standards of achievement in all of these aspects of academic life. In general, the overriding measure of achievement is regional, national, or international impact in the areas of scholarship, teaching, or program development.

It is also recognized that the appointments, promotion, and tenure process is a responsibility of the entire faculty. Participation in the appointment, promotion, and tenure decisions is a fundamental means by which the faculty as a group define the goals and expectations of the Department of Internal Medicine. Although guidelines are provided by this document, the College of Medicine, and the University through its *Rules of the University Faculty (Chapters 6 and 7)*, ultimately it is the faculty who must determine the standards of excellence and academic achievement by which all are measured.

2. DEPARTMENTAL MISSION

The Ohio State University Department of Internal Medicine is committed to excellent, compassionate medical care, promising and innovative research, excellence in service to the University and community, and exemplary teaching.

The Department is responsible for ensuring that every faculty appointment is consistent with this mission.

3. CRITERIA FOR APPOINTMENTS

The Department has four faculty tracks; a Tenure Track for MD or PhD scientists and clinical scholar-investigators, a Clinical Track for clinician-teachers, a Research Track for non-tenured MD or PhD scientists and clinical scholar-investigators, and an Auxiliary Track for other faculty critical to the mission of the Department. Each track has its separate criteria for promotion. Tenure is granted only in the Tenure track. Whatever the individual academic endeavor - teaching, research and scholarship, or service - superior intellectual attainment is expected of faculty members throughout their entire career. Faculty can be appointed to the following tracks: Tenure Track; Clinical Track; Research Track; Auxiliary Track. In accordance with the Office of Academic Affairs, modifiers designating Clinical or Research Track are not required for titles of faculty in these tracks other than in formal University documents for the purposes of tracking reappointment and promotion cycles. Therefore, all faculty in the Clinical, Research, and Tenure tracks will hold ranks with the title of Assistant, Associate, and Professor of

Internal Medicine. Auxiliary faculty will have appropriate modifiers indicating this track as noted below. For the purposes of official internal University documents, the following titles are used:

Tenure Track

Assistant Professor of Internal Medicine
Associate Professor of Internal Medicine
Professor of Internal Medicine

Clinical Track

Assistant Professor of Clinical Internal Medicine
Associate Professor of Clinical Internal Medicine
Professor of Clinical Internal Medicine

Research Track

Research Assistant Professor of Internal Medicine
Research Associate Professor of Internal Medicine
Research Professor of Internal Medicine

Auxiliary Faculty

(These modifiers must be used for the titles of faculty in this track under all circumstances)

Clinical Assistant Professor of Internal Medicine
Clinical Associate Professor of Internal Medicine
Clinical Professor of Internal Medicine

Cleveland Clinic Foundation Faculty

The Cleveland Clinic faculty constitute a special category of non-salaried auxiliary faculty owing to the unique relationship between The Ohio State University and the Cleveland Clinic Foundation. Although not tenured, they may hold titles equivalent to those in the tenure track or to those in the clinical track. As such they may hold the following appointments:

Assistant Professor of Internal Medicine
Associate Professor of Internal Medicine
Professor of Internal Medicine

-Or-

Assistant Professor of Clinical Internal Medicine
Associate Professor of Clinical Internal Medicine
Professor of Clinical Internal Medicine

3.1 Tenure Track Faculty Appointment

3.1.1 General

In accordance with University and COM guidelines, the Department of Internal Medicine must ensure that the candidate for a Tenure track faculty appointment:

- Has demonstrated, through clear and convincing evidence, that for the particular appointment, the criteria have been met or exceeded in teaching, scholarship, service, or program development. In the evaluation of candidates for appointment, consideration is based on the overall academic achievement that encompasses some combination of all of the above areas of activity.
- Will enhance, or have strong potential to enhance, the quality of the Department of Internal Medicine.
- Has support for the appointment, demonstrated by a consensus within the Department of Internal Medicine as evidenced by an appropriate faculty review (see Departmental Procedures).
- For faculty with clinical responsibilities, has sought and/or obtained, and is expected to retain the appropriate licensure and medical staff appointments that are required in order for the candidate to participate in patient based teaching, research, and service activities.

The Department of Internal Medicine, along with the College of Medicine, endorses the University's recognition of the diverse contributions of faculty members toward the realization of the mission of the institution. Therefore, within the Tenure track there will be numerous pathways that reflect the range of faculty activity, skills, and accomplishments. A faculty member's activities may change over time, and thus may be consistent with different pathways of performance throughout their career. All of these pathways and patterns of faculty activity may lead to consideration and granting of tenure. In all cases, the standard of excellence in teaching, scholarship, service, and program development, which is documented in an overall evaluation of accomplishment, will be expected. Similarly, the development and demonstration of regional, national, or international impact and recognition, as appropriate to the faculty level, will be required. Within each pathway the relative distribution of effort for the primary areas of emphasis may differ for individual faculty members.

Research/Educator Pathway: Faculty with this pattern of activity will primarily be engaged in research, scholarship or other creative activity, and will be expected to be actively engaged in teaching or training at various levels including medical students, residents, fellows, undergraduate students, graduate students, post-doctoral fellows, or professional students, and may include peer or continuing education. Publication of research in high quality peer reviewed journals will be a primary measure of achievement in scholarship. Similarly, the obtaining of nationally competitive peer reviewed funding in support of a focused and thematic program of research will be expected. Demonstration of high quality and effective teaching and education will also be expected.

Individuals in this faculty pathway will also be expected to demonstrate achievement in program development and service to the institution, profession, or community.

Educator/Scholar Pathway: Faculty with this pattern of activity will be primarily engaged in teaching or training at various levels including medical students, residents, fellows, undergraduate students, graduate students, post-doctoral fellows, or professional students. This pathway may also include peer or continuing education in addition to providing service to the institution, profession, or community. This service may include patient care activity which may be used as a forum for teaching. Scholarship related to educational or service activities will be required. Scholarship is a central facet of this faculty pathway, and will be a primary measure of achievement as reflected in high quality peer-reviewed publications. It is expected that faculty in this pathway will obtain competitive extramural funding in support of educational programs or innovations. Demonstration of high quality and effective teaching and education will be expected. Demonstration of high quality service with broad impact will also be a primary measure of achievement.

Research/Clinician Pathway: Faculty with this pattern of activity will be primarily engaged in research, scholarship, or other creative activity, and provide clinical or other service. Publication of research in high quality peer reviewed journals will be a primary measure of achievement in scholarship. Similarly, the obtaining of nationally competitive peer reviewed funding in support of a focused and thematic program of research will be expected. Demonstration of high quality service with broad impact, which may include program development, will also be a primary measure of achievement. Individuals in this faculty pathway will also be expected to be engaged in teaching or training of trainees at various levels including medical students, residents, fellows, undergraduate students, graduate students, post-doctoral fellows, or professional students, and may include peer or continuing education.

3.1.2 Tenure Track Assistant Professor

It is expected that a faculty member appointed as an Assistant Professor within the tenure track will have:

- Earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience.
- A record of excellence or evidence of potential for excellence in teaching, which may include accomplishment in verbal and written communication.
- A record of or potential for excellence in scholarship as demonstrated by having produced a body of research, scholarship, and creative work.
- A record of, and potential to perform effective service.
- An attitude which reflects adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors (available at www.aup.org).
- Strong potential to attain tenure and advance through the faculty ranks.

- For faculty members with patient clinical service responsibilities, that the faculty member has sought and/or obtained and retained the appropriate licensure and medical staff appointments that are required in order for the candidate to participate in patient based teaching, research, and service activities.

An appointment to the rank of Assistant Professor is always probationary (*see Section 4.1*). An Assistant Professor is typically reviewed for promotion and tenure at the time specified in the letter of offer.

Promotion and tenure may be granted at any time during the probationary period when the faculty member's record of achievement so merits. Similarly, a probationary appointment may be terminated at any time subject to the provision of Faculty Rule 3335-6-08 and the provision of paragraphs (G), (H), and (I) of this rule. In unusual circumstances, promotion to the rank of Associate Professor may be considered independent of a tenure decision for faculty with patient clinical service responsibility. In the event that promotion to Associate Professor without tenure is approved, the faculty member must be considered for tenure no more than six years following promotion, and in no case can the consideration for tenure occur later than the eleventh year.

3.1.3 Associate Professor with Tenure

The candidate for appointment as Associate Professor with tenure must provide clear and convincing evidence reflecting a record of impact and recognition at a regional or national level, and has at a minimum:

- Exceeded the Department of Internal Medicine's criteria for appointment as a tenure track Assistant Professor.
- Met or exceeded the College of Medicine's criteria for promotion to Associate Professor with tenure.
- Met or exceeded the Department of Internal Medicine's criteria for promotion to Associate Professor with tenure.
- For faculty members with patient clinical service responsibilities, that the faculty member has sought and/or obtained and retained the appropriate licensure and medical staff appointments that are required in order for the candidate to participate in patient based teaching, research, and service activities.

3.1.4 Professor with Tenure

The candidate for appointment as Professor with tenure must provide clear and convincing evidence of record of impact and recognition at a national or international level, and has at a minimum:

- Met or exceeded the College of Medicine's criteria for promotion to Professor with tenure.
- Met or exceeded the Department of Internal Medicine's criteria for promotion to Professor with tenure.
- For faculty members with patient clinical service responsibilities, that the faculty member has sought and/or obtained and retained the appropriate licensure and medical staff appointments that are required in order for the candidate to participate in patient based teaching, research, and service activities.

3.1.5 Associate Professor or Professor without Tenure

While appointments to these positions generally include tenure, a probationary period may be granted, in accordance with Faculty Rule 3335-6-3, by petition. These appointments must be made with careful attention to the probationary period after which tenure must be achieved and the faculty member must be made aware of this requirement. 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 Provost. In no case can consideration for tenure occur later than the eleventh year of faculty appointment. Tenure cannot be awarded to the rank of Assistant Professor.

3.1.6 Instructor

Appointment to the position of Instructor can be made to a candidate if all of the criteria for the position of a regular faculty assistant professor have been met with the exception that the candidate will not have completed the terminal degree, or other relevant training, at the time of the appointment. Instructor appointments are limited to three years with the last year the terminal year. When an instructor is promoted to assistant professor, prior service credit will be granted for the time spent as an instructor unless the faculty member requests in writing at the time of the promotion that he/she does not wish the credit.

3.2 Clinical Track

3.2.1 General

This track is dedicated to the pursuit of excellence in the clinical sciences in all of its many forms and is comprised of faculty who integrate special areas of emphasis with excellence in clinical care. Members of this track will include those who develop special expertise in teaching, innovative program development, patient oriented research, unique areas of emphasis in patient management, and service to the Department, College, and University. Although emphasis on publication record is less than the tenure track, communication and

perpetuation of the unique scholarly achievements of this track is essential. In addition to peer review publications, this may also take the form of book chapters, review articles, monographs, or alternative routes such as web based communications and programs of instructions. Likewise, leadership or significant collaboration in patient oriented research at many different levels is an important activity within this track.

3.2.2 Assistant Professor - Clinical

This is the appropriate level for initial appointment of persons holding the appropriate terminal degree and the relevant clinical training and who are expected to be involved in full time teaching, and clinical service, and contribution to scholarship. Candidates for appointment at the rank of Assistant Professor are expected to have completed all relevant training including residency and fellowship where appropriate, which are consistent with the existing or proposed clinical program goals of the Department of Internal Medicine. Candidates for appointment as Assistant Professor on the clinical track will have, at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience.
- A record of excellence or evidence of potential for excellence in teaching, which may include accomplishment in verbal and written communication.
- A record of and potential to perform effective service.
- An attitude which reflects adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors.
- That the faculty member has sought and/or obtained and retained the appropriate licensure and medical staff appointments that are required in order for the candidate to participate in patient based teaching, research, and service activities.
- In addition, previous experience or potential for the performance of clinical and patient oriented research is valued in new appointees at this rank.

3.2.3 Associate Professor - Clinical

The criteria for appointment at the level of Associate Professor in the clinical track are consistent with those for promotion to that rank. Candidates for an appointment as an associate professor will have provided clear and convincing evidence that the candidate has a demonstrated record of impact and recognition at a regional or national level, and has at a minimum:

- Exceeded the Department of Internal Medicine’s criteria for appointment as an Assistant Professor - Clinical.
- Met or exceeded the Departmental criteria for promotion to Associate Professor - Clinical.

- Met or exceeded the College of Medicine's criteria for promotion to Associate Professor - Clinical.
- That the faculty member has sought and/or obtained and retained the appropriate licensure and medical staff appointments that are required in order for the candidate to participate in patient based teaching, research, and service activities.

3.2.4 Professor - Clinical

The criteria for appointment at the level of Professor in the clinical track are consistent with those for promotion to that rank. Candidates for an appointment as a Professor - Clinical will have provided clear and convincing evidence that the candidate has a demonstrated record of impact and recognition at a national or international level, and has at a minimum:

- Exceeded the College of Medicine's criteria for appointment as an Associate Professor - Clinical.
- Met or exceeded the Departmental criteria for promotion to Professor - Clinical.
- Met or exceeded the College of Medicine's criteria for promotion to Professor - Clinical.
- That the faculty member has sought and/or obtained and retained the appropriate licensure and medical staff appointments that are required in order for the candidate to participate in patient based teaching, research, and service activities.

3.3 Regular Research Track Faculty Appointment

3.3.1 General

Faculty whose primary activity is to serve the research mission of the Department of Internal Medicine are eligible for appointment to the Regular Research Track (hereafter referred to as the Research Track). This track has been created in accordance with The Ohio State University Board of Trustees Rules 3335-7 – 30-60. By these rules this track does not entail tenure but will be appointed for four-year terms which are renewable at the end of each term. These faculty will have the titles Research Assistant Professor of Internal Medicine, Research Associate Professor of Internal Medicine, and Research Professor of Internal Medicine. Faculty appointed to this track will have earned a doctorate or other relevant terminal degree in their field of expertise and in the scientific discipline that they will pursue in their appointment. Appointments to the Research Track are not to be made to displace or make unnecessary a faculty appointment in the Regular Tenure Track. The number of faculty appointed to the Research Track may not exceed twenty percent of the number of faculty appointed to the regular tenure track in the Department of Internal Medicine in accordance with the above noted rules of the Board of Trustees.

The mission of faculty appointed to the Research Track is to advance the research of the Department of Internal Medicine and the Division to which the faculty member was appointed. Teaching may be considered an activity for this track but will consist of mentorship of junior scientists, doctoral and postdoctoral students, medical students, residents, and fellow trainees. Classroom teaching or course lectures are expressly not an activity for faculty in this track who are focused on research. Teaching activities of the Research Track Faculty must be approved by a majority vote of the Regular Tenure Track Faculty of the Department of Internal Medicine. Similarly, there is no expectation for service in the form of committee membership or leadership within the faculty member's Division, the Department of Internal Medicine, or the College of Medicine unless such service is tied directly to the faculty member's research mission, or advances his or her career. Such service must be approved by the faculty member's Division Director and the Department Chair. It is emphasized that the activities of faculty in the Research Track will not duplicate those appointed to the Regular Tenure Track. If it is anticipated that this will be the case, appointment to the Regular Tenure Track should be considered.

The initial four-year appointment will be probationary and the faculty member will be informed at the conclusion of each probationary year as to whether his or her contract will be renewed for the following year. At the end of the penultimate probationary year, the faculty member will be informed as to whether or not a new four-year contract will be offered at the end of the fourth probationary year. If a new contract will not be offered, the final year of the probationary period will be the final year of employment. Contracts for appointment to the Research Track must explicitly state expectations for salary support and generally will require one hundred per cent salary recovery. It is anticipated that salary recovery will be derived from extramural funds which may derive from the faculty member's role as principal investigator or coinvestigator on funded grants. Contracts may be renegotiated at the time of reappointment.

3.3.2 Research Assistant Professor

It is anticipated that a faculty member appointed as an Assistant Professor in the Research Track will have:

- Earned a doctorate or other relevant terminal degree in the area of research for which the faculty member has been appointed.
- Evidence of the potential for excellence in research which may include past accomplishments in the faculty member's training period or the research program of his or her prior appointment. This may consist of prior publications, presentations at national meetings, acquisition of funding for or during the faculty member's training period, a role as the principal investigator for peer reviewed funding or demonstration of an essential role in the acquisition of peer review funding in the previous position, a record of first authorship or an essential authorship role in high caliber publications originating in a mentor's

laboratory or the research program of the faculty member's prior appointment. The evaluation of prior mentors or supervisors at previous research programs can be used in the assessment of the faculty member's potential for a successful research career.

- An attitude which reflects adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors (available at www.aup.org).

It should be noted, that faculty appointed as Assistant Professor in the Research Track may have as their goal a career which will continue within the Research Track. However, for some faculty this may be an initial appointment allowing them to build the foundation of their research program before application to transfer to the Regular Tenure Track.

3.3.3 Research Associate Professor

The candidate for appointment as Associate Professor in the Research Track must provide clear evidence of a record of research having impact in the faculty candidate's field and which is recognized at a regional or national level. This may have been accomplished as a principal investigator or as an essential contributor to high impact investigation at his or her previous research programs. In addition, the candidate will:

- Exceed the Department of Internal Medicine's criteria for appointment as a Research Assistant Professor.
- Meet or exceed the College of Medicine's criteria for promotion to Research Associate Professor.
- Meet or exceed the Department of Internal Medicine's criteria for promotion to Research Associate Professor.

3.3.4 Research Professor

The candidate for appointment as Professor in the Research Track must provide clear evidence of a record of research having impact in the faculty candidate's field and which is recognized at a national or international level. This may have been accomplished as a principal investigator or as an essential contributor to high impact investigation at his or her previous research programs. In addition, the candidate will:

- Meet or exceed the Department of Internal Medicine's criteria for promotion to Research Professor.
- Meet or exceed the College of Medicine's criteria for promotion to Research Professor.

3.4 Auxiliary Faculty Appointment

The auxiliary faculty is comprised of persons having regular titles below 50% FTE, including no salary appointees (e.g. the Cleveland Clinic Foundation faculty—See auxiliary faculty with regular titles below), clinical auxiliary faculty (e.g. Clinical Assistant Professor), visiting faculty (e.g. Visiting Assistant Professor), adjunct faculty (Adjunct Assistant Professor) and Lecturer. Members of the auxiliary faculty are not eligible for tenure. With the exception of Lecturer, auxiliary faculty are in general those with a primary if not exclusive commitment of time and effort directed to patient care in the inpatient and/or outpatient setting. The faculty provide a vital service in delivering excellent patient care. Unlike the clinical or tenure tracks, there are no expectations for research or publication. In some cases, such as unpaid auxiliary faculty, there is a specific expectation for medical student and/or resident teaching in addition to patient care. In other cases, patient care is the only expectation and in still others, ongoing research collaboration may be the basis of the auxiliary appointment. The specific expectations for the auxiliary faculty member should be expressly stated in their notification of faculty appointment. Appointment renewal decisions are made annually and are based upon contributions to the teaching, administration, service, and scholarly activities within the Department of Internal Medicine and with the recommendation of the Division to which they are appointed.

3.4.1 Clinical Auxiliary Faculty

Clinical auxiliary faculty are individuals with primary responsibility for patient clinical service and/or supervision of medical students, residents or fellows in clinical rotations. As noted above, in certain cases they may be a participant or collaborator in research led by members of the Department of Internal Medicine. Evaluation for initial faculty rank and promotion in the auxiliary track (other than Cleveland Clinic faculty as noted below) is based on the following:

- Recognized excellence in patient care including evaluation of quality of care metrics obtained by the OSU Medical Center and as reflected by local or regional recognition.
- Innovative approaches to patient management including implementation of new diagnostic or treatment modalities.
- Delivery of care to new patient populations not currently served by the OSU Medical Center.
- Recognized excellence in teaching as measured by evaluations provided by students, residents, or by peers taught by the faculty member. Teaching awards and other recognition further identify this as an area of excellence.
- Participation in endeavors not designated as an expected activity of the auxiliary track. This may include clinical research, publication of case studies, review articles or other works.

Candidates for appointment or promotion are evaluated according to the criteria

below.

3.4.2 Auxiliary faculty with regular titles including tenure and clinical titles (e.g. Cleveland Clinic) are evaluated for appointment or promotion according to the same criteria used with tenure or clinical faculty as described above.

3.4.3 Appointment of Clinical Auxiliary Faculty

Clinical Assistant Professor candidates will be individuals (compensated or non-compensated) with primary responsibility for patient clinical service within the academic medical center who may also be involved in supervision of medical students, residents or fellows; or may be community-based faculty involved in similar supervisory activities. At a minimum, candidates for this rank must:

- Be a licensed physician or health care provider
- Meet the clinical and service requirements of the Department of Internal Medicine.

Clinical Associate Professor candidates will be individuals (compensated or non-compensated) with primary responsibility for patient clinical service within the academic medical center who may also be involved in supervision of medical students, residents or fellows; or may be community-based faculty involved in similar supervisory activities. For appointment, candidates must meet the criteria for promotion to the rank of Clinical Associate Professor. At a minimum, candidates for this rank must:

- Meet the criteria specified for Clinical Assistant Professor.
- Meet or exceed the criteria established by the Department of Internal Medicine for promotion to Clinical Associate Professor.
- Meet or exceed the criteria established by the College of Medicine for promotion to Clinical Associate Professor.

Clinical Professor candidates will be individuals (compensated or non-compensated) with primary responsibility for patient clinical service within the academic medical center who may also be involved in supervision of medical students, residents or fellows; or may be community-based faculty involved in similar supervisory activities. At a minimum, candidates for this rank must:

- Meet the criteria specified for Clinical Associate Professor.
- Meet or exceed the criteria established by the Department of Internal Medicine for promotion to Clinical Professor.
- Meet or exceed the criteria established by the College of Medicine for promotion to Clinical Professor.

3.4.4 Non-salaried Tenure or Clinical Track – Auxiliary Faculty of the Cleveland Clinic Foundation

The non-salaried auxiliary faculty with regular titles from the Cleveland Clinic are faculty that have medical careers that focus on basic scientific investigation or clinical research. These appointees are expected to be involved in the education and research mission of the Department. They will contribute actively to the teaching of OSU medical students, residents or fellows through a variety of direct teaching opportunities or involvement in the OSU academic mission, including research.

Appointments to Assistant, Associate, or Professor of Internal Medicine.

Appointments of Cleveland Clinic tenure track faculty will follow the guidelines for Departmental faculty in the tenure track. These faculty will be appointed at the rank of Assistant Professor of Internal Medicine unless the new appointee already has credentials comparable to Departmental tenure track faculty of equivalent advanced rank. Faculty will provide service to the academic site. It is expected that candidates will provide documentation of their research, teaching and service efforts. Appointments at advanced levels will be based on the candidate's previous accomplishments.

Non-salaried Clinical Track Auxiliary Faculty of the Cleveland Clinic Foundation

Non-salaried auxiliary faculty in the clinical track from the Cleveland Clinic are faculty who have medical careers that center on medical education and patient care.

Appointments to Assistant, Associate, or Professor of Clinical Internal Medicine.

Non-salaried auxiliary faculty will be appointed at the rank of Assistant Professor of Clinical Internal Medicine. Appointees from the Cleveland Clinic faculty to Associate Professor of Clinical Internal Medicine or Professor of Clinical Internal Medicine in the clinical track must have credentials comparable to Departmental Clinical faculty of equivalent rank. There must be documentation of significant prior teaching of high quality as well as recognized professional service of high quality and visibility (see below) and the high likelihood that such teaching efforts will continue with OSU students.

Cleveland Clinic faculty in the clinical track must continue to be actively involved with teaching of OSU students to maintain their OSU appointments. This teaching must be documented in their dossier. The educational activity of Cleveland Clinic faculty will be reviewed by the Department every year to assure the faculty are still active in the University's missions. Faculty initially appointed in the tenure track at the Cleveland Clinic can switch tracks and be promoted in

3.5 Courtesy Appointments for Regular Faculty (Also Known as Joint Appointments)

A non-salaried joint appointment to the Department of Internal Medicine for regular University faculty from another TIU is a courtesy or joint appointment. A courtesy faculty appointment forwarded from the Department of Internal Medicine for approval by the College of Medicine will have been made consistent with the Department of Internal Medicine AP&T document, and other relevant policies, procedures, practices, and standards established by the *Rules of the University Faculty*, the Office of Academic Affairs, and the Office of Human Resources. A request for courtesy or joint appointment will be reviewed by the Vice Chairman for Academic Affairs who may elect to review the request with the Appointments, Promotion and Tenure Committee. A recommendation will be made by the Vice Chair of Academic Affairs to the Chairman of the Department of Internal Medicine to decline or accept the proposed appointment. With approval by the Department Chair, the appointment request is forwarded for approval by the COM consistent with procedures, practices, and standards established by the *Rules of the University Faculty*, the Office of Academic Affairs, and the Office of Human Resources. The courtesy appointment is based on an expectation of the appointee's involvement or existing involvement in the mission of the Department. Continuation of the appointment should reflect ongoing contributions to the Department's mission. Such effort should average more than 20 hours per year of departmental involvement. This appointment does not require formal annual review. The rank of the courtesy faculty member will be equivalent to the rank awarded in his or her TIU.

3.6 Emeritus Appointments

The Department of Internal Medicine observes all University and College guidelines regarding faculty emeritus appointments as outlined in the Office of Academic Affairs Handbook (oaa.ohio-state.edu/Handbook/tc.html) and in the College's policy/procedure manual.

Emeritus appointments are awarded to retiring regular, regular clinical or auxiliary clinical faculty members who have made significant, sustained contributions to their academic departments. Refer to the OAA's Handbook for further information.

3.6.1 Emeritus Appointments for Tenure or Clinical Faculty

A faculty member holding a tenure or clinical title is eligible for emeritus appointment. The following criteria will apply:

1. Rank of Instructor or above in a Tenure or Clinical title at the time of retirement.
2. 10 years of service to the Department and the College.
3. Evidence of sustained, significant contributions to Departmental or College academic programs for the full period of a faculty member's employment. Emeritus appointments are not automatic upon retirement.

4. Review and approval by the eligible faculty of the Department of Internal Medicine as described under Administration and Procedures (see Section 5).

3.6.2 Emeritus Appointments for Auxiliary Faculty

Auxiliary faculty are eligible for emeritus appointment according to the following criteria:

1. Rank of clinical associate professor or above at the time of retirement.
2. 20 years of service to their Department.
3. At least 96 hours of service per year for 20 years of their appointment (requires certification by home Department).
4. Departmental certification that the quality of the faculty member's service is in the top 10% of all auxiliary faculty members in that unit.
5. Review and approval by the departmental Appointment, Promotion and Tenure Committee.

Provision of space, either office or research, will be determined by the Department and will be based upon the faculty member's continuing contributions to the University, College and Department mission.

Once approved by the Board of Trustees, the Office of Academic Affairs will notify the Vice Dean, College of Medicine, who will in turn notify the Department Chair. It will be the Department's responsibility to initiate any appropriate actions through HRIS.

3.7 Appointment Procedures

3.7.1 Procedures: Tenure Track Faculty

Virtually all recruitment to the salaried faculty, at whatever rank, is done by a search committee jointly with the Division Director, the Chairman of Internal Medicine, and the Vice Chair for Academic Affairs. In general, this requires a national search unless the Office of Academic Affairs approves an exception to this policy. Appointments of new Assistant Professors of Internal Medicine do not require review or approval by the faculty. However, the Chairman may seek advice and recommendations from the Vice Chair for Academic Affairs and the Appointments, Promotion, and Tenure Committee. In accordance with Office of Academic Affairs Handbook (II. FACULTY APPOINTMENTS: SENIOR RANK OR PRIOR SERVICE CREDIT), appointments at rank above Assistant Professor require approval by the Appointments, Promotion and Tenure Committee of the Department of Internal Medicine. The following procedures are followed:

1. No fewer than five outside letters are obtained from experts fulfilling the criteria for letters obtained for promotion (see procedures for promotion).

2. The candidate's dossier, outside review letters, and supporting letter from the Division Director to which the faculty member will be appointed are presented to the Appointments, Promotion and Tenure Committee. At the discretion of the Vice Chairman for Academic Affairs, this may occur at either a meeting of the Committee or through posting of the dossier and supporting material on a secure web server.
3. For Tenure track appointments, Committee members eligible to vote are members of the Tenure track of equal rank or higher than that proposed for the candidate (Associate Professors and Professors may vote for Associate Professors; Professors may vote regarding Professors;).
4. Eligible members of the Committee will vote either at a convened meeting or via email ballot. A quorum of the Committee, defined as 50% of the eligible faculty plus 1, must vote. A simple majority of the quorum is required to approve the proposed appointment. The Vice Chair for Academic Affairs will summarize the Committee discussion and vote in a letter written to the Department Chairman. The recommendation of the Committee is advisory and the final decision for or against appointment at the proposed rank is at the discretion of the Department Chairman.

3.7.2 Procedures: Clinical Track Faculty

The search process for Clinical faculty calls for the same procedures as Tenure faculty searches. That is, a search committee is appointed, a national search conducted, and candidates are reviewed at the Division and Department level as appropriate. As for Tenure track faculty, the Appointments, Promotion, and Tenure Committee will review and vote for appointments at or above the rank of Associate Professor either in Committee meeting or via email ballot. Committee members eligible to vote for Clinical track faculty are Clinical and Tenure track faculty at a rank equal to or higher than the proposed appointment (Professors and Associate Professors may vote for Associate Professors; Professors may vote for Professors). Faculty appointed at the rank of Assistant Professor do not require review and approval of the Committee. The definition of a quorum and vote for approval are as stated in section 3.6.1. The Vice Chair for Academic Affairs will summarize the Committee discussion and vote in written format to the Department Chair. As with Tenure track faculty, the recommendation of the Committee is advisory and the final decision as to the appointment is at the discretion of the Department Chairman.

3.7.3 Procedures: Research Track Faculty

The search process and procedures for appointment are the same as those for faculty in the Regular Tenure Track. As with Tenure Track and Clinical Track faculty, appointments above the rank of Assistant Research Professor require approval of a simple majority vote of a quorum of the eligible faculty. Eligible faculty are all Appointments, Promotion and Tenure Committee members holding a rank equal to or higher than the proposed faculty rank of the candidate (all

Professors and Associate Professors may vote for Associate Professors; all Professors may vote for Professors). As with other tracks, appointment at the level of Assistant Professor does not require a review and vote of the faculty.

3.7.4 Procedures: Auxiliary Track Faculty

Candidates for auxiliary appointments must indicate their proposed role in fulfilling the Department's mission. These individuals will provide a dossier including documentation of teaching/research credentials, time "in service" if at another institution, and academic reputation. Appointees from the Cleveland Clinic Foundation will follow the College of Medicine guidelines for the appointment process for Cleveland Clinic faculty. Appointments at the level of Associate Professor and above will require review by the eligible faculty as described for faculty with regular titles of the equivalent track and rank. All appointments require approval of the Department Chair.

Paid Auxiliary Faculty:

Paid auxiliary faculty who will have appointments involving responsibilities within the Medical Center or its outreach sites will undergo an appointment process that is equivalent to that of faculty with regular titles of the same rank. Assistant Professors in this track may be appointed with the recommendation of the Vice Chair for Academic Affairs, with or without consultation with the Appointments, Promotion and Tenure Committee, and with the final approval of the Department Chair. Appointments at a rank above Clinical Assistant Professor require outside review letters and faculty vote as for faculty with regular titles. Outside review letters will differ in that there is the recognition that the faculty appointee will not be expected to have a national reputation, and will primarily be known for excellence in clinical care. A quorum of the eligible faculty must vote to approve the appointment. In this case, eligible faculty include all faculty having the rank of Professor.

Unpaid Auxiliary Faculty with Primary Teaching Appointments

These faculty participate primarily in the teaching of medical students enrolled in physical diagnosis, introduction to clinical medicine, or outpatient clinic rotations. They are primarily recruited by the COM for this purpose. These faculty are reviewed by the Appointments, Promotion and Tenure Committee in conjunction with the Vice Chair for Academic Affairs. A simple majority vote of the Committee is required for approval and recommendation for appointment to the Chairman of Internal Medicine. The Committee in this case maintains the authority to recommend faculty rank.

Other Unpaid Auxiliary Faculty

All other unpaid auxiliary faculty may be administratively recommended to the Department Chair after review by the Vice Chair for Academic Affairs either with or without consultation with the Appointments, Promotion and Tenure Committee. This procedure may be followed for these faculty for appointment at any rank.

3.8 Transfers in Faculty Tracks

Transfers from and to the auxiliary and clinical tracks may be made on one occasion for faculty having the rank of Assistant Professor. This requires a letter of request from the faculty member indicating the reason for the change in track and the faculty member's career plans that make the change in track appropriate. A supporting letter from the faculty member's Division Director must accompany this request. The request for change in tracks will be reviewed by the Vice Chair for Academic Affairs. The Vice Chair may seek the review and advice of the Appointments, Promotion, and Tenure Committee. After this review, the Vice Chair will prepare a written recommendation for or against the change in track which will be forwarded to the Chair of the Department of Internal Medicine. The Department Chair will make the final recommendation regarding the change in tracks.

Transfers between tracks for faculty of rank higher than Assistant Professor will be viewed as a new appointment to that track and will follow the same procedures outlined for initial appointments.

Tenure Track faculty may transfer to the Research Track if appropriate for the faculty member's career emphasis. The request must be initiated by the Tenure track faculty member and must state how career goals and orientation have changed to make the Research Track more appropriate. The faculty member must relinquish tenure at the time of transfer to the Research Track. The transfer must be approved by the Chairman of the Department of Internal Medicine, the Dean of the College of Medicine, and the Executive Vice President and Provost.

Transfers from the regular research track to the tenure track are not permitted. However, regular Research track faculty may apply for Tenure-track positions and compete in regular national searches for such positions.

3.9 Annual Faculty Reviews

Reviews of all Tenure, Clinical, Research, and salaried Auxiliary faculty in the Department of Internal Medicine, regardless of rank and tenure status, are conducted annually to assess the faculty member's performance in teaching, scholarship and service (Clinical and Tenure tracks), research productivity (Research track), patient care and teaching (Auxiliary track), and to assess evidence of continuing development. These reviews also help determine if probationary appointments, both Tenure, Clinical (if required), and Research should be continued. The goal is to recognize areas of accomplishment and areas in need of improvement and to provide guidance to the individual regarding his or her progress in all areas of academic activity. The criteria used in the annual review will be based upon the criteria used for promotion and tenure or reappointment. This process is conducted by means of a written evaluation completed by the faculty member in consultation with his or her Division Director. Evaluations are submitted to the Vice Chair for Academic Affairs and the Department Chair for review.

The Department of Internal Medicine adheres to University rules governing the formal annual review of faculty. This document explains Departmental procedures for conducting these reviews. Specific guidelines about what must be included in the review are contained in the Office of Academic Affairs Handbook (oaa.ohio-state.edu/Handbook/tc.html).

Procedures are as follows:

- a. At the completion of each fiscal year, the Departmental office will provide all faculty with a copy of the criteria and annual review dossier form needed to complete annual performance reviews. The period of this review will be July 1 through June 30 of the academic year just completed.
- b. By November 30th of each year, individual faculty will submit to their Division Director an updated curriculum vitae and completed dossier form. The CV must be in a standardized format as outlined in Departmental guidelines. The faculty member reports on all academic activities of the prior year. These include evaluation of teaching efforts, reviews of research, clinical and service activity. The faculty member provides goals for the coming year.
- c. The documents are reviewed and qualitatively assessed in writing by the Division Director with authority delegated by the Department Chair. The Division Director must provide a written assessment of the faculty member's fulfillment of the demands of the division and progress toward promotion and tenure, or for tenured faculty toward maintenance of professional standards. If the evaluation is less than satisfactory, the Division Director must make recommendations about resolution of areas of perceived weakness. The Division Director discusses the written review in person with the faculty member. The faculty member may provide a written response to this evaluation. After reviewing and commenting on the faculty member's accomplishments, strengths and weaknesses, and the

candidate's optional response, the Division Director will transmit the completed reviews to the Vice Chair for Academic Affairs and the Department Chair.

- d. The Vice Chair for Academic Affairs will note strengths and weaknesses, and prepare a Departmental comment agreeing with and/or adding to the comments provided by the Division Director. These reviews will be signed by the Vice Chair for Academic Affairs. Copies of the review will then be provided to the faculty member, the Department Chair, and to the College of Medicine. The original document will remain in the Department's file for subsequent annual reviews and review during the promotion and tenure process.
- e. Annual reviews of probationary faculty recommending termination in the first, second, third and fifth years are reviewed by the Vice Chair for Academic Affairs in consultation with the Appointment, Promotion and Tenure Committee. Procedures used in the four-year review will be followed.

The Department Chair or Vice Chair for Academic Affairs will meet with selected faculty on the Tenure or Clinical track and their Division Director. This meeting will be called if the annual review recommends termination or if the Chair or Vice Chair believes the faculty member's performance is substandard based on the annual review or if the faculty member or the Division Director feels it is needed because of disagreements in the annual review process.

The entire process will be completed by January 31st, in time for the annual merit and salary review process.

3.9.1 Four Year Review for Reappointment in the Clinical and Research Tracks.

Clinical and Research Track appointments do not entail tenure and therefore must be renewed. All first time Research Track Appointments are granted for periods ranging from three to five years at the discretion of the Department Chair and are in all cases probationary. (see Section 3.3 regarding appointments to the Research Track). At the discretion of the Department Chairman, initial appointments to the Clinical Track at the level of Assistant Professor are offered for periods ranging from three to five years. The Department Chairman will also determine whether the first time appointment is probationary. This will be clearly stated in the faculty contract. Renewal of Research and Clinical Track appointments after the first appointment are discussed and voted on by the eligible faculty as described in Section 5 (Procedures). After the initial four years, the faculty may recommend to extend the offer of reappointment for as few as three or as many as five years. Research and Clinical Track faculty in terms that follow their initial appointment will be considered for reappointment at the end of that term by the same process, and the faculty may again recommend reappointment for three to five years, or may recommend that the appointment not be renewed. Further, if a faculty member in the Research or Clinical Track is under consideration for promotion at a time before the expiration of his or her current

appointment, the faculty may jointly recommend for or against promotion **AND** to offer a new appointment for a term of three to five years. They may not, however, vote to terminate the current appointment at this time.

4 PROCEDURE FOR PROMOTION AND TENURE

4.1 Probationary Period for Tenure Track Faculty

An appointment to the rank of Assistant Professor 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. Determination as to whether a faculty member qualifies as having significant clinical responsibilities justifying an extension of the probationary period will be made in discussions with the faculty member and Division Director and with approval by the Chair of the Department of Internal Medicine. If so delegated by the Department Chair, the Vice Chair for Academic Affairs may grant this approval.

4.1.1 Faculty With Patient Clinical Service Responsibility

The probationary period may not exceed twelve (12) years, including prior service credit, and depends on the pattern of the research, teaching, and service workload. 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, the twelfth year will be the final year of employment in the tenure track.

Faculty members who have patient clinical service responsibilities will be reviewed for promotion and tenure no later than the eleventh year of probationary service. The progress of faculty members for whom the promotion and tenure review is anticipated to occur after the sixth year will also be formally reviewed by the Appointments, Promotion, and Tenure Committee as well as by the entire eligible faculty. This review will be summarized by the Vice Chair for Academic Affairs and will be forwarded to the Department Chair and the College of Medicine. The anticipated schedule of promotion and tenure reviews will be stipulated in the letter of offer. It is anticipated that not all faculty members will require the full probationary period, and that promotion and tenure may be granted at any time during the probationary period when 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 Faculty Rule 3335-6-08 and the provisions of paragraphs (G), (H), and (I) of this rule. The annual review and fourth year review procedures as specified in Faculty Rule 3335-6-03(C) will be followed. In addition, an eighth year review will also be conducted which will follow the same procedures as the fourth year review.

4.1.2 Faculty Without Patient Clinical Service Responsibility

The maximum probationary period will be seven years. Faculty members who do not have patient clinical service responsibilities will be reviewed for promotion and tenure no later than the sixth year of probationary service. 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 the sixth 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, the seventh year will be the final year of employment in the tenure track. It is anticipated that not all faculty members will require the full probationary period, and that promotion and tenure may be granted at any time during the probationary period when 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 Faculty Rule 3335-6-08 and the provisions of paragraphs (G), (H), and (I) of this rule. The annual review and fourth year review procedures as specified in Faculty Rule 3335-6-03(C) will be followed.

4.2 Exclusion of Time from Probationary Period (Faculty Rule 3335-6-03-D) (D) Exclusion of Time from Probationary Periods.

(1) An untenured faculty member may exclude time from the probationary period in increments of one year to reflect the care giving responsibilities associated with the birth of a child or adoption of a child under age six. Requests to exclude time from the probationary period for this reason must be made within the year following the birth or adoption and prior to the beginning of the year in which the mandatory review for tenure must occur. The maximum amount of time that can be excluded from the probationary period for the birth of a child or adoption of a child under age six is one year. Requests to exclude time from the probationary period made under the terms of this paragraph must be submitted to the Chair of the Department of Internal Medicine for forwarding to the Dean and to the Office of Academic Affairs. Such requests will be approved unless they are prohibited by paragraphs (D)(3) or (D)(4) of this rule.

(2) A probationary 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 Department Chair.

Requests shall be reviewed by the Vice Chair for Academic Affairs in consultation with the Appointments, Promotion, and Tenure Committee. After this discussion, a recommendation will be made to the Department Chair for or against exclusion of time from the probationary period. 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 the beginning 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.

(3) A request to exclude time from the probationary period for any reason will not be granted after a nonrenewable 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.

(4) The maximum amount of time that can be excluded from the probationary period for any reason or combination of reasons is one year for an Instructor, two years for an Assistant Professor (including time spent as an Instructor) and one year for an Associate Professor except in extraordinary circumstances. Exceptions require the approval of the Department Chair, Dean, and Executive Vice President and Provost.

(5) 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.

(6) 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.

4.3 Criteria for Promotion

4.3.1 Teaching

Teaching is broadly defined to include the imparting of knowledge to and the education of persons.

All regular college faculty must be engaged in teaching, the development of the Department of Internal Medicine and College academic program, and the mentoring of students. Evidence of effective teaching must be demonstrated through the documentation of a person's teaching activities over a period of time. The College's Office of Academic Services can provide assistance in appropriate documentation and assessment tools.

Evaluation of teaching and evidence of teaching excellence is derived in part from the following:

1. Evaluations by Students, House Officers, and Fellows or others instructed by the faculty member. These should be quantitative with a summary of grading in specific areas of teaching provided by the evaluation. Narrative comments should be minimized although a few representative comments may be listed.
2. Local or national recognition for teaching through teaching awards.
3. Design or participation in curriculum design and development of new approaches to teaching.
4. Peer review funding for teaching programs or new curriculum development.

For applications for promotion and for tenure, there must be peer review of teaching. Peer review of teaching may consist of any or all of the following:

1. A written review of teaching in any context which can be provided through the Office of Academic Affairs.
2. A written review of teaching in any context which is provided by another member of the faculty. Preferably, this should be performed by a faculty member outside the home division of the candidate for promotion or tenure.
3. Evaluations from CME programs presented by the faculty member.
4. Submission of a “teaching portfolio” that includes representative teaching materials, outlines and objectives for teaching in any setting, and method of evaluating whether the teaching objectives were met. This may include specific descriptions of ward teaching cases, maintaining patient confidentiality, in which the faculty member outlines his or her objectives in the case example, approach to achieving the teaching objectives, and conclusions as to whether the objectives were achieved. In this 4th category, the Appointments, Promotion, and Tenure Committee as well as the eligible faculty evaluating the candidate will provide peer review of teaching through examination of these materials.

4.3.2 Scholarship

Scholarship is broadly defined to include research, scholarly and creative work. More specifically, scholarship may be defined to include the possession, application, and advancement of a body of knowledge gained through research, study, and learning.

Scholarly achievement is an expectation of both the clinical and tenure tracks. Evidence of scholarship must be demonstrated through the documentation of a person's original scholarly work over a period of time. The evidence must refer to original, substantive works that are documented achievements. Recognition of the scholarly work must be external to the University, residing in the regional, national and/or international communities and its participants who represent the person's field of scholarship.

Evidence of scholarship can include: original books and monographs, edited books, chapters in edited books, bulletins and technical reports, peer reviewed journal articles, editor reviewed journal articles, reviews and abstracts, papers in proceedings, unpublished scholarly presentations, funded research, funded training grants, other funding for academic work, prizes and awards for research or scholarly or creative work, major professional awards and commendations. Evidence of scholarship can also include invited lectures at other universities, symposia, and conferences; patents, software systems; editorship of a major collection of research work; conducting advanced seminars and symposia under organizational sponsorship; and invitations to serve on national review bodies. It is recognized that scholarship may be manifested in non-traditional means such as web based curricula or documents or novel curricula based in electronic storage media. The essence of scholarship resides in the contribution of new knowledge or techniques to the faculty member's field of specialty and recognition of the significance of these contributions by the academic, scientific, and medical community.

Although the number of publications and scholarly works is only one manifestation of a faculty member's academic career, a stated range of publications and scholarly works can provide a conceptual guideline to the faculty as to what degree of academic productivity constitutes benchmark characteristics for faculty advancement in a given track. The range of publications and nature of publications for each track and rank will differ, as outlined in the subsequent sections. **It is essential to note that the range of publications is only a guideline and that promotion in faculty rank is dependent on many characteristics and achievements that are collectively considered by the faculty as it makes its recommendation. Furthermore, it is emphasized that achievement of a stated range of publications does not guarantee promotion, rather it is the totality of the many unique aspects of an individual career that ultimately determine advancement.**

4.3.3 Service

Service, or public service as stated in the mission of the University and the Department of Internal Medicine, is broadly defined to include administrative service to the Department and the College and University, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University.

All Department of Internal Medicine faculty must contribute to service. Evidence of contributions to service must be demonstrated through the documentation of a person's service contributions over a period of time.

Evidence of administrative service to the University can include appointment or election to Departmental, College, and/or University committees; administrative positions held; affirmative action and mentoring activities. Evidence of

professional service to the faculty member's discipline can include editorships of or service as a reviewer for journals or other learned publications; offices held and other service to professional societies. Evidence of the provision of professional expertise to public and private entities beyond the University includes: reviewers of proposals; external examiner; service on panels and commissions; professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional service alone is insufficient to satisfy the service criterion.

4.3.4 Program Development

Fostering the development of programs, which reflect the integration of teaching, service, and research in a specific content area, is encouraged. Specific activities related to program development and documentation of this process should be provided when possible as a further evidence of the candidate's qualifications for promotion and/or tenure.

4.3.5 Citizenship and Collegiality

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

A commitment to these values and principles can be demonstrated by: activities, attitudes, and support of colleagues in the improvement of the Department of Internal Medicine, advancement of its mission, and participation in activities that extend the mission of the Department beyond its geographic boundaries. These would include: faculty governance, outreach and service; ethical, behavioral, constructive conduct; bearing and behavior during the discharge of duties, responsibilities and authority; and the exercise of rights and privileges of a member of the faculty.

4.4 Flexibility in the Application of Criteria

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility shall be exercised, balancing, where required, heavier commitments and responsibilities in one area of performance against lighter commitments and responsibilities in another. As the Department of Internal Medicine and the College enter new fields of endeavor, including

interdisciplinary research, and places new emphases on its established activities, instances will arise in which the proper work of a faculty member may depart from established academic patterns. Generally, distinguished achievement in scholarship may include evidence of creative expression and innovation in the candidate's discipline.

The Department of Internal Medicine is comprised of a wide array of faculty with differing expertise. Care must be taken to apply promotion and tenure criteria with sufficient flexibility to reward all areas of excellence. In all instances, superior intellectual achievement in all of its aspects is an essential qualification for promotion at all faculty positions. Insistence upon this standard for continuing members of the faculty is necessary for the maintenance and enhancement of the University as an institution dedicated to the discovery and transmission of knowledge.

4.5 Reviews for Tenure and Promotion in the Tenure Track

- (1) Criteria: Promotion to Rank of Associate Professor without Tenure.

In general, promotion to Associate Professor is linked to the award of tenure. However, there may be cases in which a faculty member has made exceptional progress in making a recognized impact in his or her field yet have not achieved certain benchmarks or evidence of a sustainable career that are considered requisite for the award of tenure. In such cases, exceptional early career impact may be recognized by award of promotion to Associate Professor but without tenure. Although many career accomplishments may justify promotion without tenure, it will in general be expected that the faculty member will have published in the range of 15 to 20 peer-reviewed publications reporting original scholarly work. Other benchmarks to be taken into consideration for promotion without tenure are as described for promotion with tenure. Further, it is expected that at least 5 to 10 of these works will have been published since the time of appointment to the level of Assistant Professor.

- (2) Criteria: Promotion to Rank of Associate Professor of Internal Medicine with Tenure.

Tenure and promotion to Associate Professor of Internal Medicine are awarded jointly, unless the faculty member being reviewed is an untenured Associate Professor of Internal Medicine. Tenure and promotion to Associate Professor of Internal Medicine are awarded to those presenting compelling evidence of highly effective teaching, leading research and scholarship, valuable service, and obvious commitment and ability predictive of continuing productivity. The candidate is compared with peers outside the University.

Specific benchmarks include the following:

- a. Funded research projects including at least one externally funded proposal reflecting national peer respect for the candidate's research program are expected. If the faculty member's career is focused on teaching and development of novel approaches to teaching and curriculum development, national funding for such efforts is expected. If the faculty member is not principal investigator, he/she must document a significant scientific role. It is recognized that the current era of medical investigation often requires the integration of multiple investigators with differing expertise. Therefore, faculty with meaningful participation and essential contributions to such efforts must be recognized and rewarded for these activities, even if not the principal investigator for such projects.
- b. A substantial record of research publication in refereed journals both as first author or as co-author with significant contribution. The publications should reflect consistent productivity over years. It is emphasized that although peer review funding is one benchmark of academic achievement and recognition, the ultimate realization of a successful research program is publication of novel findings in high impact peer-reviewed journals. **It is important to note that although a record of peer review funding is one sign of academic success and recognition, it does not replace the ultimate goal of contribution to new medical knowledge through publications in high impact journals.** In general, candidates for promotion to Associate Professor with Tenure will have published in the range of 20 to 25 peer reviewed publications or the equivalent in peer reviewed scholarship. It is expected that this work will consist predominantly of publications or scholarly works for which the faculty member is a primary author as evidenced by contribution of twenty percent or more of the total effort of the work, or for which he or she is first or senior author. These publications and works should reflect original innovative scholarly work in the faculty member's field of expertise. It is further expected that at least 10 to 15 of these works will have been published since the faculty member's appointment to the rank of Assistant Professor.
- c. Outside evaluation letters will be used to judge the candidate's research program. In the absence of external funding, these letters must fully support the national recognition of the candidate's research program.
- d. Valued clinical and didactic teaching as evidenced by an overall above average evaluations by students.
- e. Active role in at least one major departmental, College or University committee.

f. Impeccable ethical and professional record of an academic clinician, scientist and educator.

(3) Criteria: Promotion to Rank of Professor of Internal Medicine.

Promotion to Professor of Internal Medicine is based upon compelling evidence of a significant body of research and scholarship that has captured national or international recognition. Useful service to the Department of Internal Medicine, the College of Medicine, and the University in leadership roles, and highly effective teaching are also required. It is not anticipated that all regular track careers will lead to promotion to full professorship.

Specific benchmarks include the following:

- a. A record of academic achievement which is recognized at the national and international level as documented by letters of evaluation from recognized experts in the field. At least one externally funded proposal since tenure is expected, but not an absolute requirement, particularly in areas where funding is not available. Funding may be in the area of education and curriculum development if this is the area of emphasis for the faculty member.
- b. Publications should reflect continuing productivity over years and, as for Associate Professors, publications are the ultimate evidence of a successful academic program even beyond the acquisition of peer reviewed funding. **As for promotion to Associate Professor, it is important to note that although a record of peer review funding is one sign of academic success and recognition, it does not replace the ultimate goal of contribution to new medical knowledge through publications in high impact journals.** In general, a range of 40 to 50 peer-reviewed publications or the equivalent in peer-reviewed scholarship reporting original work in the candidate's field, for which the faculty member is a primary author, as evidenced by contribution of twenty percent or more of the total effort of the work, or for which he or she is first or senior author will be characteristic of a faculty member considered for promotion to Professor with Tenure. Although the total body of scholarly work will be taken into consideration, it is also anticipated that the faculty member will have published in the range of 15 to 20 original peer reviewed manuscripts or the equivalent, as described above, since promotion to Associate Professor or since award of tenure, if the two were awarded separately.
- c. Excellence in clinical and didactic teaching as evidenced by overall

above average evaluations by students.

- d. Substantial contribution to the administrative functions of the Department, College or University such as being Chair or service on advisory boards, editorial boards or positions of responsibility in professional organizations.
- e. Impeccable ethical and professional record of an academic clinician, scientist and educator.

4.6 Promotion of Clinical Track Faculty

For annual reviews, please refer to Section 3.8 on page 15.

- (1) Criteria: Promotion to Rank of Associate Professor of Clinical Internal Medicine.

The Clinical track faculty is comprised of members with diverse expertise in a wide spectrum of clinical sciences including teaching, innovative approaches to clinical care, clinical and patient oriented research, and service to the Department, College, and University. A record of achievement and excellence in a well-defined area of clinical sciences leading to regional or national recognition for expertise and contributions in that area is the foundation for advancement in this track. Although expectations for a record of publication are not as great as those for the tenure track, advancement in this track is based in part on lasting contributions to medical knowledge, practice, or approaches to education at all levels, through inscription of this expertise in written, electronic, or other media. Both first authorship as well as meaningful coauthorship of documentation of scholarly activity is valued. As a guideline, faculty advancing to Associate Professor in the Clinical track will have authored or coauthored in the range of 8 to 10 publications or the equivalent in scholarly works which may consist of case reports, review papers, and book chapters, as well as reports of original innovative work in the faculty member's field. Leadership and significant collaboration in clinical and patient oriented research is a further benchmark of achievement in this track.

Promotion to Associate Professor of Clinical Internal Medicine is awarded to those presenting compelling evidence of highly effective teaching, expert clinical practice, contributions to clinical and patient oriented research, and valuable academic and professional service. Commitment to and capability for continued productivity in teaching, patient care, and service must be evident. The candidate is compared with peers at other institutions.

Specific benchmarks include the following:

- a. Significant contributions to clinical and didactic teaching (e.g. course or module director) with excellence in teaching as evidenced by overall above average evaluations by students, and through development of innovative curricula and approaches to education at all levels.
- b. Active role in at least one major departmental, College or University committee.
- c. Impeccable ethical and professional record of an academic clinician and educator.
- d. Contribution to and participation in clinical and patient oriented research.
- e. Contribution of scholarly publications of various forms as described above.

(2) Criteria: Promotion to Rank of Professor of Clinical Internal Medicine.

Promotion to Professor of Clinical Internal Medicine is based on continued excellence in the clinical sciences as outlined for Associate Professors. Superior intellectual attainment is expected. It should be noted that not every career necessarily leads to full professorship.

Specific benchmarks include the following:

Significant contributions to clinical and didactic teaching with leadership positions in program (e.g. course or module director, director of medical curriculum such as Med II or Med III/IV). Excellence in teaching as evidenced by overall above average evaluations by students or teaching awards, educational grants or service on national educational advisory committees. Development of new curricula or innovative approaches to teaching are further benchmarks.

Substantial contribution to the administrative functions of the Department, College or University, such as chairing a committee or task force. Service on advisory boards, editorial boards or positions of responsibility in professional organizations.

Demonstration of clinical excellence by regional referral patterns invited lectures at local hospitals, recognition by local physicians as supported in letters.

Impeccable ethical and professional record of an academic clinician and educator.

e. Contribution to research or other scholarly activity. Authorship or co-authorship of manuscripts or publications, presentations at local, state or national meetings, co-investigator of clinical trials or industry supported trials or other grants, are valued and support advancement. These may take the form of non-traditional or innovative modes of communication as described above. As a guideline, faculty considered for promotion to Professor of Clinical Internal Medicine will have authored or coauthored in the range of 20 to 30 publications that may consist of case reports, reviews, and book chapters, or the equivalent in scholarly works in addition to reports of original innovative work in the faculty member's field. Although the total body of work is taken into consideration, it is expected that the faculty member will have published or produced 8 to 10 additional scholarly works as described above since the time of promotion to Associate Professor.

4.7 Promotion of Regular Research Track Faculty

(1) Criteria: Promotion to Rank of Research Associate Professor of Internal Medicine.

Promotion to Research Associate Professor of Internal Medicine is awarded to those faculty presenting compelling evidence of a career productive of high impact research. Effective teaching in the form of research mentorship of graduate students, residents, and fellows is a further characteristic of the faculty member advancing to Associate Professor in this track.

Specific benchmarks include the following:

a. Funded research projects including at least one externally funded proposal reflecting national peer respect for the candidate's research program are expected. If the faculty member is not principal investigator, he/she must document a significant scientific role as a collaborator on funded research programs with original, independent, and innovative contributions to the research program which exceed simple technical expertise. It is recognized that the current era of medical investigation often requires the integration of multiple investigators with differing expertise. Therefore, faculty with meaningful participation and essential contributions to such efforts must be recognized and rewarded for these activities, even if not the principal investigator for such projects.

b. A substantial record of research publication in refereed journals both as first author or as co-author with significant contribution. The publications

should reflect consistent productivity over years. It is emphasized that although peer review funding is one benchmark of academic achievement and recognition, the ultimate realization of a successful research program is publication of novel findings in high impact peer-reviewed journals. **It is important to note that although a record of peer review funding is one sign of academic success and recognition, it does not replace the ultimate goal of contribution to new medical knowledge through publications in high impact journals.** In general, candidates for promotion to Associate Professor in the Research track will have published in the range of 20 to 25 peer reviewed publications or the equivalent in peer reviewed scholarship. It is expected that this work will consist predominantly of publications or scholarly works for which the faculty member is a primary author as evidenced by contribution of twenty percent or more of the total effort of the work, or for which he or she is first or senior author. These publications and works should reflect original innovative scholarly work in the faculty member's field of expertise. It is further expected that at least 10 to 15 of these works will have been published since the faculty member's appointment to the rank of Assistant Professor.

c. Outside evaluation letters will be used to judge the candidate's research program. In the absence of external funding, these letters must fully support the national recognition of the candidate's research program or his or her critical contributions to the advancement of the research program to which to which he or she belongs.

d. Effective research mentorship of junior scientists, graduate students, residents, or fellow trainees as reflected by student reviews and the productivity of trainees is a further benchmark of promotion. However, classroom and other didactic teaching is not an expectation for faculty in this track.

e. Impeccable ethical and professional record of an academic scientist.

f. Committee service is not a requirement of advancement in the Research Track; however, when appropriately connected to the faculty member's research career, such service may be taken into account in the consideration for promotion.

(3) Criteria: Promotion to Research Professor of Internal Medicine.

Promotion to Research Professor of Internal Medicine is based upon compelling evidence of a significant body of research and scholarship that has captured national or international recognition.

Specific benchmarks include the following:

a. A record of academic achievement which is recognized at the national and international level as documented by letters of evaluation from recognized experts in the field. At least one externally funded proposal since promotion is expected. If the faculty member's funding is not a program for which he or she is a principal investigator, there must be evidence that the faculty member has played an essential role contributing to the design and implementation of the research program as well as to the ongoing interpretation of acquired data. Technical expertise alone, even though unique and of high caliber, does not constitute a basis for promotion.

b. As for Associate Professors, a record of peer review funding is one sign of academic success and recognition, but does not replace the ultimate goal of contribution to new medical knowledge through publications in high impact journals. In general, a range of 40 to 50 peer-reviewed publications or the equivalent in peer-reviewed scholarship reporting original work in the candidate's field, for which the faculty member is a primary author, as evidenced by contribution of twenty percent or more of the total effort of the work, or for which he or she is first or senior author will be characteristic of a faculty member promoted to Research Professor. Although the total body of scholarly work will be taken into consideration, it is also anticipated that the faculty member will have published in the range of 15 to 20 original peer reviewed manuscripts or the equivalent, as described above, since promotion to Associate Professor.

c. Effective research mentorship of junior scientists, graduate students, residents, or fellow trainees as reflected by student reviews and the productivity of trainees is a further benchmark of promotion. However, classroom and other didactic teaching is not an expectation for faculty in this track.

d. Impeccable ethical and professional record of an academic scientist.

e. Committee service is not a requirement of advancement in the Research Track; however, when appropriately connected to the faculty member's research career, such service may be taken into account in the consideration for promotion.

4.8 Promotion of Auxiliary Faculty

For annual reviews for salaried auxiliary faculty, please refer to Section 3.8 on page 17.

- (1) General

These faculty expand the depth and spectrum of the clinical activities of the Department. The majority of these faculty will have careers dedicated to excellence in patient care. In some cases, teaching may be an area of emphasis, and in others, a role in collaborative research may be a focus of the faculty member's activities. Promotion in this track is based on evidence of achievement in the faculty member's area of emphasis as outlined in his or her appointment as an auxiliary track faculty member. For the majority, this will consist of evidence of excellence in clinical care as demonstrated by quality metrics, innovative approaches to patient care or outreach to new population of patients, and a reputation for clinical excellence as reflected by review letters from local physicians. Others with differing areas of emphasis, as outlined above, may advance based on reflection of excellence in teaching or significant participation in research.

Appointments of auxiliary faculty in the Department of Internal Medicine are of four types. These are: (1) non-salaried auxiliary faculty from the Cleveland Clinic with tenure titles, (2) non-salaried auxiliary faculty from the Cleveland Clinic with clinical titles, (3) non-salaried auxiliary faculty with clinical titles (e.g. Clinical Professor of Internal Medicine), (4) salaried auxiliary faculty with clinical titles.

(2) Non-salaried Tenure Track Auxiliary Faculty.

Promotions to Associate Professor of Internal Medicine or Professor of Internal Medicine:

The non-salaried auxiliary faculty with Tenure titles from the Cleveland Clinic are faculty that have medical careers that focus on basic scientific investigation or clinical research. Promotions of Cleveland Clinic tenure track faculty will follow the guidelines for departmental faculty in the tenure track. Faculty will provide service to the academic site. It is expected that candidates for both appointment and promotion will provide documentation of their research, teaching and service efforts. Appointments at advanced levels will be based on the candidate's previous accomplishments.

(3) Non-salaried Clinical Track Auxiliary Faculty.

Promotions to Associate or Professor of Clinical Internal Medicine:

Non-salaried auxiliary faculty in the clinical track from the Cleveland Clinic are faculty who have medical careers that center on medical education and patient care. Advancement in the regular clinical track is primarily based on educational efforts directed toward OSU students. To be promoted to Associate Professor of Clinical Internal Medicine, faculty

should be actively involved in teaching and in the development and improvement of the teaching curriculum for OSU students. Faculty should have devoted more than 50 hours average per year (approximately one month on service) to education of Ohio State students. Students' evaluations should be above average. The faculty should also have provided quality service to the profession as indicated by community service, administrative service at the Cleveland Clinic or service on local or state medical organizations. Promotion to Professor of Clinical Internal Medicine will be based on continued educational efforts, increasing responsibility for the teaching curriculum, and service to the profession as indicated by service on national organizations or major positions of responsibility at the Cleveland Clinic.

Cleveland Clinic faculty in the clinical track must continue to be actively involved with teaching of OSU students to maintain their OSU appointments. This teaching must be documented in their dossier. The educational activity of Cleveland Clinic faculty will be reviewed by the Department every year to assure the faculty are still active in the University's missions. Faculty initially appointed in the regular track at the Cleveland Clinic can switch tracks and be promoted in the clinical track if they meet those criteria.

(4) Non-salaried Auxiliary Faculty with Clinical Titles.

Promotions to Clinical Associate or Clinical Professor of Internal Medicine:

Non-salaried auxiliary faculty with clinical titles are faculty at other affiliated institutions involved with the educational mission of the Department. These auxiliary faculty will have the title of Clinical Assistant Professor of Internal Medicine, Clinical Associate Professor of Internal Medicine or Clinical Professor of Internal Medicine in the Department of Internal Medicine. Their teaching effort should average more than 20 hours per year of student contact or other involvement in the Department's medical education mission. Such participation may include serving on an education committee in the Department.

Promotion of non-salaried auxiliary faculty will be based on excellence in teaching. Evaluation of teaching will include evaluations provided by students and resident trainees, recognition for teaching excellence in the form of awards or other distinction; supporting evaluations from the Director of the Division to which the faculty member is appointed, and outside letters of review from local physicians. For those promoted to Associate Professor, continued demonstration of teaching excellence as well as active participation in the educational mission of the COM and the Department of Internal Medicine along with review letters from local

physicians is required. For those non-salaried auxiliary faculty with appointment due to their collaboration in research, promotion will be based on productivity of research in the form of authorship and co-authorship of publications, collaboration on funded grants, and recognition for research efforts. Support from the faculty member's Division Director and from outside review letters is required.

(5) Salaried Auxiliary Faculty with Clinical Titles.

Salaried auxiliary faculty are those members whose salary is paid in part or entirely from a Divisional salary fund account. Promotions to Clinical Associate Professor of Internal Medicine or Clinical Professor of Internal Medicine:

Salaried auxiliary faculty with clinical titles primarily contribute to the service needs of the Department by providing patient care. These faculty are also crucial for delivery of patient care as well as providing access to patients required for the education of OSU medical students and post graduate trainees in Internal Medicine. Involvement in medical education is expected, but not anticipated to be at the same level required for other appointments. These auxiliary faculty will have the title of Clinical Assistant Professor of Internal Medicine, Clinical Associate Professor of Internal Medicine or Clinical Professor of Internal Medicine in the Department of Internal Medicine. Salaried auxiliary faculty appointments are made for only one year at a time and require formal annual review by the Chair's Office, if they are to be continued.

Salaried auxiliary faculty will be promoted to Clinical Associate Professor of Internal Medicine based on metrics related to the delivery of patient care including productivity in terms of patient volumes, excellence of care including quality metrics of patient care, innovative approach to diagnosis and management of patients including implementation of new therapeutic and diagnostic modalities, delivery of care to new patient populations not currently served by the University or new approaches to health care delivery to groups currently served, and evaluation of teaching provided by students, post-graduate trainees, and peers. Support for promotion also derives from the faculty member's Division Director and reviews from local physicians and experts.

Similarly, promotion to Clinical Professor of Internal Medicine is based on the above criteria with a record of continued accomplishment in these areas and performance which exceeds that for Clinical Associate Professors. Support from the faculty member's Division Director and outside supporting letters from local physicians and experts are required for promotion.

5 PROMOTION AND TENURE PROCEDURES AND ADMINISTRATION

Procedures:

The responsibility for recommendations for approval or denial of promotion and/or tenure, mandatory reviews of probationary faculty, and four year reviews of clinical track faculty rests with the entire body of eligible faculty.

Eligible Faculty are Defined as Follows:

- a. Promotion to Tenure Track Professor—All current Tenure track Professors.
- b. Promotion to Clinical Track Professor—All current Tenure and Clinical track Professors.
- c. Promotion to Research Track Professor—All current Tenure and Research Track Professors.
- d. Promotion to Professor in Paid Auxiliary Track—All current Tenure and Clinical track Professors.
- e. Promotion to Tenure Track Associate Professor with or without tenure: All Tenure track Associate and full Professors.
- f. Promotion to Clinical Track Associate Professor—All Clinical and Tenure track Associate and full Professors.
- g. Promotion to Research Track Associate Professor—All Tenure and Research Track Associate and full Professors
- h. Promotion to Associate Professor in the paid Auxiliary Track—All Clinical and Tenure track Associate and full Professors.

Notes and Exceptions: Cleveland Clinic faculty are evaluated by the eligible faculty following the same process and guidelines as OSU faculty with either Clinical Track or Tenure Track titles. In this case, a quorum is based on the number of OSU faculty of the appropriate track and rank as described above. Neither OSU auxiliary faculty nor Cleveland Clinic Faculty are counted in determination of a quorum nor may they vote regarding promotion.

Promotion of unpaid auxiliary faculty may be recommended by a majority vote of the Appointments, Promotion, and Tenure Advisory Committee.

The candidate has the primary responsibility for preparing, according to the Office of Academic Affairs guidelines issued each year, a dossier documenting his or her accomplishments. The candidate may suggest up to six external evaluators with whom there is no significant personal or professional relationship. For tenure track faculty, these evaluators should be recognized leaders in their field at peer or better institutions and generally of higher rank than the candidate. For Clinical Track faculty, the reviewers may be selected based on a more regional or local recognition of the candidate based upon the candidate's area of emphasis. For auxiliary faculty, reviewers will in general be local experts and physicians who can evaluate the candidate, and who know the candidate by reputation but do not maintain a close personal relationship with the candidate. No more than three letters will be solicited from the candidate's list. The candidate may also submit two names for exclusion from the list of external evaluators who will not be

contacted. These names should be accompanied by an explanation as to why they should not be contacted so the Department Chair can judge whether their exclusion is justified.

The Chair of the Department of Internal Medicine with the assistance of the Vice Chair for Academic Affairs, will make the final selection of external reviewers and send written requests to these reviewers for an evaluation of the candidate. It will be explicitly stated that the outside reviewer should not comment as to whether the faculty member would be promoted to a given rank at the reviewer's own institution. The request for review will include a copy of the candidate's curriculum vitae and, if applicable to the candidate, a copy of three representative publications. No more than half of the letters in the final dossier, or at most two if only five letters are submitted, will be from persons suggested by the candidate. All letters received must be included in the dossier. There must be at least five external letters.

The dossiers of faculty proposed for promotion, tenure, and those requiring either mandatory review during the probationary period or four year review in the clinical track will be posted on a secure website for review by the eligible faculty. Only faculty who are eligible to vote regarding a given faculty member will have access to the dossier. The dossiers will include a support letter by the Division Director and outside review letters. A summary of the faculty member's accomplishments and areas for improvement prepared by the Appointments, Promotion and Tenure Committee may also be posted. This review will not recommend for or against promotion, but will provide a critical summary of the candidate's career. After the faculty have had a sufficient period to review the dossier, all eligible faculty meet to discuss and deliberate as to the recommendation for or against approval of promotion and tenure or to provide an evaluation of faculty undergoing mandatory review.

ATTENDANCE OF THESE MEETINGS IS MANDATORY AND ONLY EXPLANATIONS FOR REQUIRED ABSENCE SUBMITTED PRIOR TO THE MEETING WILL BE ACCEPTED AS AN EXCUSED ABSENCE. PARTICIPATION IN THESE MEETINGS IS A REFLECTION OF CITIZENSHIP AND PARTICIPATION IN THE DEPARTMENT MISSION AND WILL BE A COMPONENT OF EACH FACULTY MEMBER'S OWN EVALUATION.

The Vice Chair for Academic Affairs will preside over these meetings and may introduce the discussion by reading the Appointments, Promotion and Tenure Committee's review of the faculty member. The faculty will then discuss and evaluate the faculty member and provide thoughts regarding the strengths and weakness of the candidate. The Director of the faculty member's Division may present a brief statement of his or her evaluation of the candidate and justification for approval of the application. A written secret ballot will then be distributed and the faculty will vote for or against promotion and/or tenure, and in the case of clinical faculty for or against renewal of appointment. Space for providing written comments by the faculty will also be provided. The Vice Chair for Academic Affairs will note points raised regarding the faculty member which will be included in the final recommendation to the Chair or in the evaluation of faculty undergoing mandatory review. A quorum of the eligible faculty must be present and vote for a valid recommendation or evaluation. A quorum is defined as 50% of the eligible faculty plus one member. Only faculty present at the meeting are entitled to vote. The procedures oversight designee of the Appointments, Promotion, and Tenure Committee will verify that a

quorum of eligible faculty have been present and voted, and will also verify that a true evaluation of the faculty member consisting of a discussion of strengths as well as weakness has taken place.

Candidates from the Clinical or Tenure Track proposed for Emeritus status will be reviewed and discussed by the same process. A supporting letter from the candidate's Division Director stating the justification for this status and a copy of the candidate's dossier will be posted on the secure web site. All eligible faculty, which consist of full professors in either track, will vote for or against the application by secret ballot. A quorum as defined above must vote for a valid recommendation, and a simple majority is required for approval of the application. The faculty recommendation will then be summarized in writing by the Vice Chair for Academic Affairs and forwarded to the Department Chair.

Following the meeting, the Vice Chair for Academic Affairs will validate the count of ballots, and will communicate in writing to the Chairman of the Department of Internal Medicine the results of the vote, or the substance of the evaluation for mandatory review of probationary faculty. The communication will include points raised by the faculty regarding the candidate's strengths and areas for improvement. The Department Chair may either accept the recommendation of the faculty or may support a different recommendation. The Department Chair's recommendation, the summary of the faculty vote, and the candidate's dossier will then be forwarded to the College of Medicine.

Candidate Comment Process: As soon as the Vice Chair for Academic Affairs and Department Chair's letters have been completed, the candidate may request and be provided copies of these reports. The candidate may provide the Chair with written comments on the review for inclusion in the dossier within ten calendar days of notification of the completion of the review. The Vice Chair and/or Chair may provide written responses to the candidate's comments for inclusion in the dossier.

Administration:

The Appointments, Promotion, and Tenure process will be supervised and implemented by the Vice Chairman for Academic Affairs with the advice and assistance of the Appointments, Promotion and Tenure Committee.

Vice Chair for Academic Affairs:

The duties and responsibilities of the Vice Chair for Academic Affairs include the following:

1. Supervision and administration of the Appointments, Promotion and Tenure process.
2. Presiding over all faculty Appointments, Promotion, and Tenure meetings.
3. Presiding over meetings of the Appointments, Promotion, and Tenure Committee.
4. Confirming and validating all faculty votes regarding Appointment, Promotion, and Tenure recommendations.

5. Meet with all potential new faculty by the second visit to the Department to discuss and review faculty tracks and the Appointments, Promotion, and Tenure procedures. Possible outside reviewers will also be solicited at these meetings.
6. Communicate to the Department Chair in writing the recommendations of the faculty regarding Appointments, Promotion, and Tenure decisions.
7. To notify members of faculty under review of the comments and recommendations of the eligible faculty. The Vice Chair will meet with probationary faculty to discuss faculty discussion of mandatory reviews and outline achievements and areas for improvement.
8. Supervise all faculty searches and assure that equal consideration has been given to candidates from outside institutions, from a diversity of ethnic and cultural backgrounds, and that both male and female candidates have been considered.
9. To meet with faculty considering promotion to discuss appropriate timing and likely success of application.
10. To examine all faculty annual reviews and provide Departmental comment regarding faculty performance. These reviews will be forwarded to and further revised or edited by the Department Chair.

The Appointments, Promotion and Tenure Committee:

The Vice Chair for Academic Affairs presides over this Committee which is charged with providing a review of faculty dossiers submitted for promotion and/or tenure. The Vice Chair may request that the Committee or members of the Committee review dossiers from faculty considering application for promotion and/or tenure and seek their advice as to appropriate timing of the application. In this capacity, the Committee performs an important mentorship role advising faculty regarding career development and serving as an advocate for the faculty in facilitating their career advancement. In addition, the Committee has the capacity to approve the appointment of all unpaid auxiliary teaching faculty by a simple majority vote. The Committee is also charged with the approval of promotion of unpaid auxiliary faculty and the approval of Emeritus Status.

The Committee consists of twelve members with no more than two members from each Division. Membership includes full Professors and Associate Professors (on either track) with eight regular Tenure track and four regular Clinical track members. Of the regular Tenure track members, at least five will be full Professors. The term will be four years, beginning July 1. Every year, three or four members whose terms have ended will rotate off the committee, with usually two tenure and one clinical member leaving the Committee.

The Committee will be elected from the Clinical and Tenure track faculty. All Tenure and Clinical faculty members in the Department elect the Committee members. Committee elections are conducted by the Department Chair's office under the direction of the Vice Chair for Academic Affairs. Nominees will be solicited from the faculty for the positions which become vacant each year. The top six regular Tenure and three regular Clinical nominees will be placed on the ballot. If a Division already has two members on the Committee, no members from that Division will be on the nomination ballot. Similarly, if there are already three regular Associate Professors on the committee, no Associate Professors will be placed on the nomination ballot. The faculty members who receive the highest number of votes from the Tenure and Clinical

tracks will be asked to serve. If the election results in the selection of more than two members from a single Division, the faculty member who receives the next greatest number of votes will be selected for the Committee.

A procedures oversight designee will be selected from the Committee. It is the responsibility of this designee to assure that all procedures have been appropriately followed in the Appointments, Promotion and Tenure meetings, to confirm that a quorum of the eligible faculty are present, to assure that the discussion has been fair, and to assure that a true evaluation of the faculty candidate with a discussion of both strengths and areas for improvement has occurred.

APPEALS:

It is the policy of The Ohio State University to make decisions regarding the renewal of probationary appointments and promotion and tenure in accordance with the standards, criteria, policies and procedures stated in these rules, supplemented by additional written standards, criteria, policies and procedures established by tenure initiating units and colleges. If a candidate believes that a non-renewal decision or negative promotion and tenure decision has been made in violation of this policy and therefore alleges that it was made improperly, the candidate may appeal that decision. Procedures for appealing a decision based on an allegation of improper evaluation are described in Rule 3335-5-05 of the Administrative Code.