

M e m o r a n d u m

To: University Senate

From: Blaine Lilly, Chair
Council on Academic Affairs

Date: April 14, 2016

A PROPOSAL FROM THE COUNCIL ON ACADEMIC AFFAIRS TO AMEND THE APPOINTMENT CAP FOR CLINICAL FACULTY, COLLEGE OF NURSING

WHEREAS there is an urgent need for the College of Nursing to increase numbers of doctorally-prepared clinical track faculty to support the needs of the rapidly growing clinically-oriented academic programs, with the concomitant growth of the tenure track faculty to support the growing trajectory of research productivity in the College; and

WHEREAS the proposal is to increase the clinical cap from 40% of the total tenure track, clinical, and research faculty, as currently specified for the health sciences colleges (Faculty Rule 3335-5-19) – to a maximum of 75% over the 2016-21 strategic planning time period; and

WHEREAS the proposal has the support of the College faculty and Dean; and

WHEREAS the proposal was reviewed by the Committee on Academic Freedom and Responsibility; and

WHEREAS after a Subcommittee review, the proposal was reviewed by the Council on Academic Affairs at its meeting on October 21, 2015, and then discussed with the University Senate's Faculty Council on November 5, 2015. Based on input from those discussions, the proposal was revised,

WHEREAS the revised proposal was discussed with the Faculty Council on April 7, 2016, and then approved by the full Council on Academic Affairs on April 12, 2016; and

NOW THEREFORE BE IT RESOLVED that the University Senate approve the proposal to amend the appointment cap for clinical faculty in the College of Nursing. From 40% to 75%, and respectfully seek approval from the Board of Trustees.

Reed, Katie

From: Smith, Randy
Sent: Thursday, April 14, 2016 1:04 PM
To: Melnyk, Bernadette
Cc: Smith, Randy; Reed, Katie; Lilly, Blaine; Zerby, Henry; McPheron, Bruce A.; Wolf, Kay; Boehm, Mike; Gerber, Timothy; Steward, Deborah; Givens, Bennet; Wells, Thomas; Wills, Celia; Link, Heather; Davies, Sharon; Graham, Margaret
Subject: Clinical Cap

Bern:

The proposal from the College of Nursing to revise the clinical faculty track cap from 40% to 75% was approved by the Council on Academic Affairs on April 12, 2016. This action follows a discussion by the University Senate's Faculty Council on April 7, 2016.

The proposal has been sent to the University Senate with a request that it be on the agenda of the Senate meeting on April 21, 2016 for action. The Chair of the Council, Professor Blaine Lilly, will present it, but it is important that you or your designee be in attendance to respond to questions/comments should the arise. I will send you more information about that meeting when I receive it.

If approved by the Senate it will be sent to the Board of Trustees for action at the Board meeting on June 3, 2016.

If you have any questions, please contact Professor Lilly (.2) or me.

Congratulations on the successful completion of this important stage in the review/approval process.

Randy



W. Randy Smith, Ph.D.

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February 22, 2016

Dr. W. Randy Smith (Academic Affairs), CAA Vice Chair
Dr. Blaine Lilly, CAA Chair
Dr. Henry Zerby, CAA Subcommittee B Chair

Dear Drs. Lilly, Smith, and Zerby:

Attached is a revised proposal for CAA review from the College of Nursing to amend the clinical cap on clinical faculty in the College of Nursing (CON). The context for this proposal is the urgent need of the CON to increase numbers of doctorally-prepared Clinical Track faculty to support the needs of the rapidly-growing clinically-oriented academic programs with the concomitant growth of the Tenure Track faculty to support the growing trajectory of research productivity in the CON.

On February 10, 2016, faculty discussion and vote on the revised proposal occurred. Per Faculty Rule 3335-7-04, the eligible voting faculty included the Tenured/Tenure Track faculty. The required quorum for the vote was met and the results of the voting received from 22 faculty were: 20 Yes, 2 No, and no abstention votes.

We are deeply appreciative of the thoughtful review and critique of the original proposal, and have substantively reworked our proposal to be responsive to the critiques of Faculty Council and the specific review comments of the Committee on Academic Freedom and Responsibility (CAFR).

A brief summary of our responses to CAFR is included below, organized by the five areas of concerns/questions provided by CAFR. We have made every attempt to address these concerns in the revised clinical cap proposal.

- 1. While the cap on clinical faculty has previously been removed for the College of Medicine (COM), CAFR notes that the rationale for removal of the cap on clinical faculty for COM was rather different in nature and more compelling. It is not clear to CAFR that this is the case with the present request. It is not clear from the present request that, different to clinical faculty in COM, the role of clinical faculty is that much different from the role of clinical faculty in other non-health sciences colleges with clinical faculty. Hence, the requested removal of the cap on clinical faculty would set a clear precedent for similar requests from other colleges with clinical faculty. This would have significant consequences on the roles of tenured/tenure track faculty at The Ohio State University.**

The revised proposal has been substantively revised to address this concern. The CON respectively asserts its right to request an amendment of the existing clinical cap in the College of Nursing as allowed in Rule 3335-7-04 Proposals and approval process for a proposed amendment of the Clinical Faculty appointment cap, so that the CON may achieve its goals in the areas of the CON vision, mission, and strategic plan. An expanded section on National Issues Leading to a Need for Additional Nursing Faculty on pp. 8-11 describes the key issues impacting the need of the CON to hire additional faculty in both Tenure and Clinical Tracks. These issues are distinct from the College of Medicine but are no less urgent than the issues that previously led the College of Medicine to seek and receive approval of an amendment to completely remove the clinical cap in the College of Medicine. The described issues in the revised proposal are also distinct from the concerns of some other units on campus (e.g., in the CON, the roles of Tenure vs. Clinical Track faculty are highly distinct from each other). As described in the proposed process for amending the CON clinical cap, the CON will implement the change in a way that is fully consistent with the requirements with all current Rules and will carefully monitor and continuously evaluate the impact of changes in the Tenure/Clinical Tracks faculty proportions for any adjustments that may be needed to preserve the integrity of the tenure track and academic governance system.

2. The proposal states that there is a plan in place in the CON to increase the number of tenure track/tenured faculty. Evaluating the teaching situation after this increase has been realized would strengthen the proposal.

We appreciate this recommendation and have added two new sections to the revised proposal on CON Specific Rationale for Proposed Amendment of the Clinical Cap (pp. 11-13) and Proposed Two Step Process for Amending the CON Clinical Cap (p.13) to provide information about our expectations in context of projected growth of enrollments for the 2016-2021 planning period and accrediting body requirements. The first step of the clinical cap amendment proposes converting approximately 28 doctorally-prepared Associated Faculty to Clinical Track appointments, who are already functioning in their roles in ways that are consistent with the criteria for appointment in Clinical Track. This first step would alter the proportions of CON faculty to approximately 36.5% Tenure Track and 62.2% Clinical Track as described on p. 13. The second step to be implemented over the 2016-2021 planning period would be to gradually titrate the numbers of Clinical Track faculty that are needed to the projected growth of enrollments in the clinically-focused academic programs (see Table 1, p. 11), to assure that the proposed amendment process is done with all due diligence and responsiveness to the concerns of the broader university faculty about the needed protection of the tenure system and the academic governance system. For the 2016-2021 planning period, assuming 40 Tenure Track faculty, the second step would increase the numbers of Clinical Faculty up to 75% of the total faculty (Tenure + Clinical + Research Tracks), but the exact extent of expansion of the Clinical Track faculty would be in proportion to the actual growth of the clinically-oriented academic programs.

3. Why can the necessary PhD level instructors not be hired on tenure track/tenured positions.

See also the summary response for question 4 below. The characteristics of faculty appointed in Tenure Track vs. Clinical Track in the CON are highly differentiated. As described on p. 5 for in the section on CON Faculty Appointment Tracks and in the section on Differentiation of Tenure vs. Clinical Track Faculty in the CON (pp. 6-7), the CON does not hire researchers in the Clinical Track, and Tenure Track faculty have central roles as researchers who are mainly assigned to graduate level teaching for didactic/theory courses, and not clinically-oriented courses. That is, the Clinical Track faculty do not meet criteria for Tenure Track appointments, and Tenure Track faculty usually do not meet the requirements of accrediting bodies for engaging in clinical teaching, especially for the graduate level clinically-oriented academic programs.

4. There is no clear justification provided why the additional teaching load needs to be covered with clinical faculty, rather than tenure track/tenured faculty.

The revised proposal more fully describes the characteristics of Clinical and Tenure Track faculty (pp. 5-6) and includes a new section on Differentiation of Tenure vs. Clinical Track Faculty in the CON (pp. 6-7). Unlike some other academic units on campus, the Tenure Track and Clinical Track faculty in the CON have well-differentiated characteristics and roles in the CON. As consistent with Faculty Rule 3335-7-04 (A) (1) and (3), CON Clinical Track faculty teach almost exclusively professional practice courses in the clinical setting or courses intended to support the development of professional skills, especially in the MS in Nursing, DNP, and MACPR programs. In addition, due to the non-negotiable requirements of accrediting bodies, graduate level clinical teaching must be done by Clinical Faculty who maintain the required credential and currency in clinical practice that is not maintained by the Tenure Track faculty who focus primarily on research and teaching didactic/theory courses. Additional context for national issues leading to a need for additional nursing faculty has been added to the revised proposal on pp. 9-11. Clinical Track faculty appointments are also essential to the competitive recruitment and retention of doctorally-prepared faculty who strongly desire Clinical Track instead of Associated Faculty appointments, as well as to assure full compliance with Rules for graduate student advisement (see National Issues Leading to a Need for Additional Nursing Faculty, section (3), p. 10-11).

5. Long-term impact of the requested change on the College POA is not clear and is not addressed in the proposal.

As required by the Rules, the CON intends to remain fully consistent in its Pattern of Administration (POA) with all current Faculty Rules and in keeping with the commitment of the CON to fully observing the Faculty Rules that protect the integrity of the tenure system and the academic governance process. On p. 14 of the revised proposal, we note that the proposed amendments to the clinical cap in the CON are only for capacity adjustment to increase the number of clinical faculty and would not necessitate changes

to the existing POA in the CON beyond the change in percentages of Tenure and Clinical Track.

Thank you again for your thoughtful review and consideration of this request.

If any additional information would be helpful to evaluate this proposal, please do not hesitate to contact me at your earliest convenience.

Warm regards,

A handwritten signature in black ink that reads "Bernadette Melnyk". The signature is written in a cursive, flowing style.

Bernadette Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN
Associate Vice President of Health Promotion
University Chief Wellness Officer
Dean and Professor, College of Nursing
Professor of Pediatrics & Psychiatry, College of Medicine

Attachment:

Revised Proposal to Amend the Cap on Clinical Faculty in the College of Nursing

Revised Proposal to Amend the Cap on Clinical Faculty in the College of Nursing

February 22, 2016

Proposal History:

- Submitted for CAA review, February 5, 2015
- CAA review and approval, October 21, 2015
- Faculty Council review, November 5, 2015
- Revised proposal submitted for CAA review, February 2016

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Revised Proposal to Amend the Cap on Clinical Faculty in the College of Nursing

Summary of the Revised Proposal

The purpose of this revised proposal is to request an amendment of the Appointment cap for Clinical Faculty (Rule 3335-7-03 of the Administrative Code) in the College of Nursing (CON). Per Rule 3335-7-03, Clinical Faculty in the College of Nursing may comprise no more than forty percent (40%) of the total Tenure Track, Clinical, and Research Faculty (as defined in Rule 3335-5-19 of the Administrative Code) in each of the colleges of the health sciences. However, national trends in nursing and CON 2016-2021 strategic planning for growth of academic programs guide a current urgent need to increase the numbers of doctorally-prepared Clinical Faculty in the CON. To meet this need, this proposal requests an increase in the CON clinical cap from forty (40%) to a maximum of seventy-five (75%) over the 2016-2021 strategic planning time period. The requested amendment of the cap on clinical faculty is intended to support both the needs of the rapidly-growing clinically-oriented academic programs and the concomitant growth of the Tenure Track faculty that will further support the growing trajectory of research and scholarly productivity in the CON.

Background and Rationale

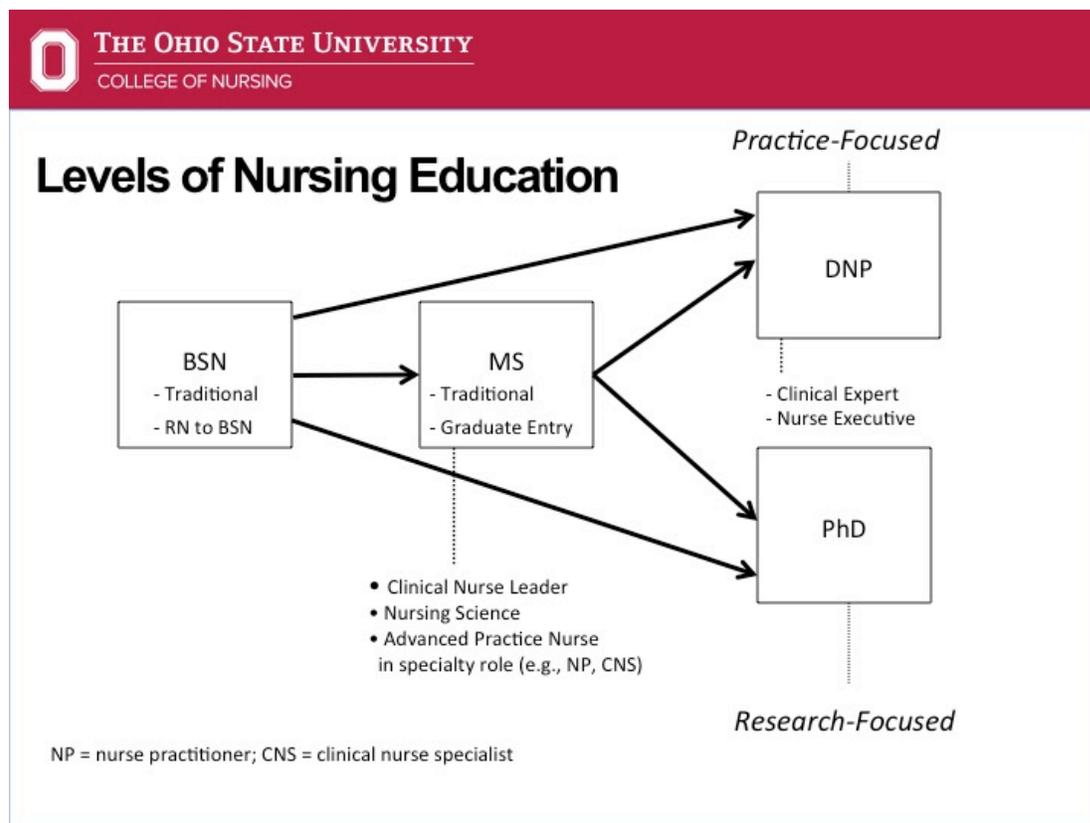
Overview of CON Academic Programs

The CON currently offers four nursing degree programs and two interdisciplinary health degree programs¹ as follows:

- Bachelor of Science in Nursing (BSN)
- Master of Science (MS) in Nursing
- Doctor of Nursing Practice (DNP)
- Doctor of Philosophy (PhD) in Nursing
- Bachelor of Science (BS) in Health and Wellness Innovation in Healthcare (HWIH)
- Master of Applied Clinical and Preclinical Research (MACPR)
- Pending approval: Masters of Healthcare Innovation (MHI)

The relationships between levels of nursing education offered in the CON are shown in **Figure 1** below.

Figure 1. Levels of Nursing Education Offered in the CON



¹ A third multidisciplinary health degree program, the Masters of Healthcare Innovation (MHI) program, was approved by the OSU Senate on January 21, 2016.

All nursing degree programs are fully accredited by the Commission on Collegiate Nursing Education (CCNE) and the BSN program is approved by the Ohio Board of Nursing.

The BSN program prepares graduates for entry into clinical practice who are eligible for Registered Nurse (RN) licensure. The traditional BSN program is for undergraduate students who do not have RN licensure. A RN-to-BSN option for RNs (currently ranked as the #1 RN-to-BSN program in the U.S.; see <https://nursing.osu.edu/news/college-of-nursing-news-headlines/rn-to-bsn-ranked-no1.html>) who have an Associate degree is comprised of undergraduate coursework leading to a BSN degree.

The MS in Nursing program (top-ranked by *U.S. News & World Report*; see <https://nursing.osu.edu/news/college-of-nursing-news-headlines/college-online-programs-hit-top-10-in-u.s.-news-rankings-for-veterans.html>) also has two options: (1) a traditional option for RNs with a bachelor's degree; and, (2) a Graduate Entry option for students without RN licensure who have non-nursing academic degrees. Graduates of the MS in Nursing program engage in advanced clinical nurse roles including Nurse Practitioner, Clinical Nurse Specialist, and other advanced clinical nursing roles. Graduate Entry students complete 18 months of pre-licensure coursework and obtain RN licensure at the completion of the pre-licensure phase, followed by the MS in Nursing curriculum.

The PhD in Nursing program prepares nurse scientists for bench and behavioral research careers. The DNP program prepares clinicians at the highest level of clinical practice via two specialty tracks: (1) Clinical Expert in evidence-based practice; and, (2) Nurse Executive for nursing clinical leadership in healthcare organizations.

The CON is developing additional health-related academic programs that are intended for students from multiple types of non-nursing backgrounds to engage in applied clinically-relevant roles: The HWIH BS program prepares graduates as health coaches and innovators in wellness to support health and wellness across the lifespan for healthy individuals and those with chronic health conditions. The interdisciplinary MACPR professional (tagged) masters program prepares clinical research managers. The MHI program¹, a second professional (tagged) masters program, will focus on preparing graduates to understand, translate, and lead complex healthcare organizations via the application of innovation and change principles to improve healthcare.

CON Faculty Appointment Tracks

The faculty appointment tracks and ranks used in the CON are:

- Tenure Track – Assistant/Associate/Professor
- Clinical Track – Assistant/Associate/Professor of Clinical Nursing
- Research Track – Research Assistant/Associate/Professor

- Associated Faculty – Instructor/Assistant/Associate/Professor of Clinical Practice

As of January 2016, excluding the Associated Faculty, the CON has a total of 46 faculty appointed across Clinical, Research, and Tenure tracks. Only one faculty member is in Research Track (~2.2% of the total faculty) in a specialist role as the CON primary statistician, 18 are in Clinical Track (18/46; ~39.1% of the total faculty), and 27 are in Tenure track (27/46; ~58.7 % of the total faculty). All CON faculty with the exception of Associated Faculty are required to have an earned doctoral degree. Associated Faculty usually have at least a master's degree in nursing and are hired on annual contracts to do clinical teaching in the BSN and MS in Nursing programs. Research Track faculty are hired on 1 to 5 year contracts for research only, as OSU policy stipulates no engagement in teaching or governance activities. Researchers are eligible to apply only for Tenure or Research Track faculty positions in the CON. The CON does not hire researchers in Clinical Track.

Rule 3335-7-04 Proposals and approval process for a proposed amendment of the Clinical Faculty appointment cap (A) (2) stipulates that proposals must include, “*Identification of the requirements for a clinical faculty appointment, including appropriate terminal degrees and any credential or licensure requirements.*” Clinical Track faculty are hired on 3 to 5 year contracts with the expectation of doing clinically-oriented teaching in the clinical practice-focused academic programs, conducting clinically-relevant evidence-based practice and program evaluation projects, providing leadership in clinical practice, and engaging in relevant service to the CON, OSU, profession, and community. All Clinical Track faculty in the CON are RNs with one exception, have either a DNP² or a PhD as their terminal degree, and are credentialed as Advanced Practice Nurses or another relevant practice role, as consistent with their primary roles for clinically-oriented teaching and practice.

Tenure Track faculty in the CON, in their central roles as research scientists, are expected to conduct and disseminate the results of programmatic research that is extramurally funded, as well as to teach and provide service to the CON, OSU, and professional communities of interest.

Differentiation of Tenure vs. Clinical Track Faculty in the CON

At OSU and elsewhere, the inclusion of Clinical Track faculty has raised concerns about the potential for erosion of the tenure track and academic governance system, particularly in areas of the university and elsewhere where the roles of

² The American Association of Colleges of Nursing (AACN, 2004) has identified the DNP as the terminal degree for advanced nursing practice, and endorsed the transition from the masters to the doctoral level (DNP) for advanced nursing practice for implementation by the year 2015. This recommendation further increases the need for a well-qualified pool of doctorally-prepared clinical track faculty in nursing.

Tenured/Tenure Track and Clinical Track faculty may appear to significantly overlap or even be substantially indistinguishable. In instances that roles of Tenure and Clinical Track faculty overlap significantly, as may be the case in some academic units on campus, a significant concern occurs about the possibility of a reduced role (or even future elimination) of the tenure system, with the associated loss of the traditional shared governance system and associated academic freedom of the faculty. In this context, **Rule 3335-7-04 Proposals and approval process for a proposed amendment of the Clinical Faculty appointment cap (A) (1) stipulates that proposals must include, “A definition of the role in teaching an scope of professional practice duties of clinical faculty, identifying specifically how those differ from duties of tenure-track faculty,”** and Rule 3335-7-04 (A) (3) further stipulates, **“A list of courses that could be taught by clinical faculty and the relationship of those courses to the general curriculum. The expectation would be that clinical faculty should teach primarily courses involving professional practice in the clinical setting or courses designed to teach professional skills.”**

The CON does not experience the same concern as some other colleges and departments on campus about a similarity of Tenure and Clinical Track faculty roles. In the CON, Clinical Track and Tenure Track faculty have well-differentiated and highly complementary roles for scholarship, teaching, and service (including clinical practice) that are ensured by design through the distinct criteria for hiring and evaluation for Tenure versus Clinical appointment tracks, respectively (see the CON criteria for Appointment, Promotion and Tenure, **Appendix A**), as well as by certain aspects of the Faculty Rules that well-protect the tenure and academic governance systems. There is little resemblance or overlap of the Tenure and Clinical Track faculty roles in the CON. By contrast, the main concern the CON experiences is the significant similarity of faculty who are appointed in the Clinical Track and doctorally-prepared faculty who are appointed as Associated Faculty because of the constraint of the 40% clinical cap that prevents these faculty from being appointed in Clinical Track.

Both Tenure and Clinical Track faculty are essential to the current and future growth of the research, teaching, service, and clinical practice missions of the CON. The CON cannot exist in a research intensive university environment without a strong cadre of Tenure Track faculty with active viable programs of research that contribute to the science of nursing and health. Likewise the CON requires Clinical Track faculty to support the clinically-focused mission and academic programs it offers. The main question at hand for the CON is the optimal faculty mix (in particular, the proportion of Tenure to Clinical Track faculty) to optimize the growth and expansion of CON academic programs, research, and associated service and clinical practice activities.

The teaching and service activities of Tenure Track faculty include a health-relevant focus, but most often focus on theoretical and scientific domains as consistent with advancing original contributions to nursing and health-related

science. Tenure Track faculty are mainly assigned to graduate level teaching for didactic/theory courses. PhD student advisement and PhD course teaching in the CON is done exclusively by Tenure Track faculty, and Tenure Track faculty are not usually expected to teach applied clinical course content in the academic programs.³ Hiring additional Tenure Track (up to 40 by the year 2018) will somewhat reduce the teaching and advising loads and improve the support for these faculty to focus more on generating funding for their research and disseminating the results of completed research. Due to the priority focus on research, most Tenure Track faculty in the CON do not maintain the credentials or clinical practice currency that would be needed to engage in clinical teaching, which supports differentiation of the Tenure and Clinical Tracks in the CON. In regard to oversight of the overall curriculum and support for academic governance, only Tenure Track faculty are eligible to chair the College of Nursing Graduate Studies Committee which oversees the graduate programs offered by the CON. By Faculty Rules, only Tenure Track faculty may be involved in the academic governance of the university.

By contrast, the Clinical Track faculty in the CON are non-scientists who do not typically conduct original research intended to contribute to significant new scientific knowledge. Clinical Track faculty members engage in scholarship focused on contributions to applied clinical nursing practice, including certain types of program evaluation and healthcare quality improvement activities with direct application to supporting changes to improve the quality of clinical practice. Clinical Track Faculty typically engage in some clinical practice and/or scholarship activities on a regular basis as consistent with maintaining clinical credentials and engagement in applied clinical practice scholarship. As consistent with Rule 3335-7-04 (A) (1) and (3), CON Clinical Track faculty teach almost exclusively professional practice courses in the clinical setting or courses intended to support the development of professional skills, especially in the MS in Nursing, DNP, and MACPR programs. Graduate level clinical teaching must be done by Clinical Track faculty who maintain the required credentials and currency in clinical practice that is not maintained by the Tenure Track faculty who focus primarily on research and teaching didactic/theory courses.

National Issues Leading to a Need for Additional Nursing Faculty

There are three interacting national issues that impact the needs for additional CON Faculty in both Tenure and Clinical Tracks. These issues represent urgent problems in nursing, and ultimately for healthcare in the U.S. These issues are distinct but no less urgent from those of the OSU College of Medicine that previously sought and received approval of an amendment to completely remove the clinical cap in medicine. As such, the CON respectfully asserts its right as allowed in **Rule 3335-7-04 Proposals and approval process for a proposed**

³ Tenure Track faculty may request a special assignment to clinical teaching for a particular reason that is consistent with Tenure Track roles; e.g., maintaining a clinical certification that is needed for research purposes, supporting access to research partnerships.

amendment of the Clinical Faculty appointment cap to request an amendment to the existing clinical cap so that the CON may achieve its goals in the areas of the CON vision, mission, and strategic plan (see **Appendix B**).

(1) Need to increase numbers of Tenure and Clinical Track faculty in context of a national shortage of nursing faculty, while supporting the assertive growth of clinically-oriented academic programs

The CON has been in a rapid growth mode since 2011 with the arrival of Dr. Melnyk, CON Dean, and there is significant emphasis on recruiting both Tenure Track and Clinical Track faculty with doctoral degrees and outstanding credentials and expertise. The need for additional Tenure Track faculty is driven by the growth in research in the CON as well as the expansion of academic programs since 2011, with strategic planning indexed in part by our aspirational/benchmark schools. The CON exists within a university that aspires to eminence in academics and research. However, the CON is constrained in capacity for growth of research by the relatively small size of the Tenure Track faculty. Other colleges/schools of nursing that are ranked in the top 10 in National Institutes of Health (NIH) funding typically operate with a total Tenured/Tenure track faculty of 35 to 55 and total Tenure Track and Clinical Track faculty of 56 to 147, whereas our current total regular Tenure Track, Research Track, and Clinical Track Faculty (excluding Associated Faculty) is still relatively small at a total of 46 regular faculty (27 Tenure Track, 18 Clinical Track, 1 Research Track).

Recruitment of well-qualified doctorally-prepared faculty in a research intensive university is a significant problem nationally in context of an ongoing severe shortage of nursing faculty that also impacts the national supply of nurses at all levels of clinical practice (see additional background on the complexities of the nursing workforce shortage that was recently summarized for public readership in *The New Yorker* at <http://www.newyorker.com/business/currency/why-is-the-u-s-perpetually-short-of-nurses>). To meet growing needs for the nursing workforce, the CON strategic plan emphasizes the growth of the faculty as a means to meeting needs for healthcare. The National Center for Health Workforce Analysis of the Health Resources Services Administration predicts Ohio will reach a shortfall of almost 32,000 Registered Nurses by the year 2020 (a 29 percent shortage). There is an ongoing urgent need to increase the supply of nursing faculty to alleviate the current and escalating nursing workforce shortage, but in Ohio and nationally.

The persistent and severe national nursing faculty shortage directly limits the numbers of students who can be enrolled in nursing education programs, which in turn constrains the downstream supply of nurses that is available to provide essential healthcare services at all levels of care, at the same time that needs for healthcare services are expanding rapidly as a function of an aging population. Further growth of academic programs to alleviate the nursing shortage is constrained by the faculty shortage (i.e., increasing the numbers of nurses to meet healthcare needs is prefaced by a need to reduce the nursing faculty shortage).

Despite this context, since 2011 when the Tenure Track faculty numbered 17, the CON has had significant success in hiring multiple new Tenure Track faculty (currently N = 27) to reach our goal of having 35 to 40 CON faculty appointed in the Tenure Track by the year 2018. However, future growth of the Tenure Track and research/scholarly productivity in the CON is closely intertwined with the need to simultaneously grow the number of Clinical Track faculty who will complement and support the roles of the Tenure Track faculty and academic programs as described earlier.

(2) Near-future shift from the master's degree to the clinical doctorate as the terminal degree for advanced nursing practice

The need to expand clinically-oriented academic programs that require additional Clinical Faculty as described in (1) is amplified by the near-future change to the clinically-focused doctoral degree as the terminal degree for advanced nursing practice and faculty roles. At its semiannual meeting held in 2004, the American Association of Colleges of Nursing (AACN) member institutions voted to move the current level of preparation necessary for advanced practice nurse roles (nurse practitioners, nurse midwives, clinical specialists) from the master's degree to the doctoral level by the year 2015. As a result, multiple colleges across the country have now eliminated their master's degree programs and have transitioned to the clinical doctorate -- the DNP -- as the minimum level of preparation for advanced practice nurses, which requires all faculty to have earned doctoral degrees. The need for additional doctorally-prepared Clinical Track faculty is now urgent in response to the national mandate to change the terminal degree for advanced nursing practice to the clinical doctorate. However, the CON cannot move forward on fully converting its graduate nursing programs to the doctoral level as recommended by AACN because the current 40% clinical cap constrains growth in numbers of needed doctorally-prepared Clinical Track faculty to support this conversion.

Requirements of national professional organizations to support high-quality educational programs in nursing further increase the need for Clinical Track faculty. Specifically, in regard to graduate education in nursing, the National Organization of Nurse Practitioner Faculty (NONPF) is the professional body that establishes criteria for the evaluation of degree programs that prepare graduates for Nurse Practitioner roles, which comprise the main emphasis of the largest CON graduate program, the MS in Nursing program. Two recommendations from NONPF (Criteria for Evaluation of NP Programs, 4th Edition, 2012) that are impossible to meet with the current 40% clinical cap include:

- The ratio of Nurse Practitioner students to faculty should be a **ratio of 6:1**, and
- Faculty who teach in graduate programs preparing students for Nurse Practitioner roles must maintain currency of clinical practice.

Currently, the CON bridges teaching needs by hiring Associated Faculty for clinical teaching purposes when Clinical Track faculty teaching assignments are filled to maximum capacity. As described further in section (3) below, this is a suboptimal solution that is not viable in supporting the CON strategic plan to expand its academic programs to meet urgent nursing workforce shortages. In addition, the evolution to the clinical doctorate as the terminal degree for advanced practice nursing will require that the CON can increase the numbers of doctorally-prepared faculty who are appointed in Clinical Track who meet the certification body requirements for clinical teaching.

(3) Competitive recruitment and retention of Clinical Track faculty in context of the nursing faculty shortage and employment disincentives

In the OSU CON, a number of Associated Faculty who are educationally-prepared at the master's level and already teach clinically-focused content in the BSN and MS in Nursing programs are currently enrolled in or have recently completed DNP programs. A large majority of these newly-doctorally-prepared faculty would meet the CON criteria for appointment as Clinical Track faculty (but not Tenure or Research Tracks) if space was available in the Clinical Track. However, given the current 40% cap, there are usually few if any spaces available for faculty to be appointed in Clinical Track, and once the Tenure Track faculty number reaches the target of 40 faculty, the existing clinical cap will need to be amended in order to support the needs of the CON strategic plan to continue the growth of its academic programs.

Doctorally-prepared nursing faculty strongly desire appointments in Clinical Track instead of Associated Faculty appointments. Being unable to have a Clinical Track faculty appointment is corrosive of morale and conveys a message of second class citizenship in the academy to these highly-qualified faculty. Faculty who are not currently able to be placed in Clinical Track appointments are highly marketable and incentivized by the current situation to seek employment elsewhere, including in clinical practice positions where they can earn substantially higher salaries compared to academe, and in colleges/schools of nursing in non-research intensive academic settings where they will be readily hired with job security and other benefits that are not available to Associated Faculty. This same issue adversely impacts the ability of the CON to attract and retain new Associated Faculty. In order to recruit and retain doctorally-prepared faculty, it will be necessary to offer them appointments in Clinical Track as well as a competitive package for salary and benefits to offset opportunity costs they incur when moving from clinical practice into academe.

A symptom of the problematic restrictiveness of the existing clinical cap is the current over-reliance of the CON on Associated Faculty for some types of graduate student advisement and committee service for the MS in Nursing and DNP

programs. In recent years, it has been necessary for the CON Graduate Studies Committee to petition the Graduate School on several occasions for an exception to the Rules in order to appoint Associated Faculty as (non-Graduate Faculty) in External (EX) status in the Graduate School for the specific purposes of: (1) advisement and grading of Comprehensive Examinations for MS in Nursing students; and, (2) service as committee members for DNP Professional Examinations and DNP Final Project committees, without a petition being required to the Graduate School for each instance of examination or project committee service. While Graduate School policy allows for Associated Faculty to, “under extraordinary circumstances” to serve as graduate advisors based on a petition of the Graduate Studies Committee, this process is not intended as a permanent solution to limited numbers of Clinical Track faculty. The goal of both the CON and the Graduate School is to have few (if any) requested exceptions to the Rules, and amending the current clinical cap would enable remediation of this particular issue.

CON Specific Rationale for Proposed Amendment of the Clinical Cap

The CON has engaged in initial enrollments planning for the 2016 – 2021 planning period. **Table 1** presents the total enrollments projected for each clinically-oriented graduate nursing program for by the year 2021 and enrollments data for the current 2015-2016 year. These projections do not include the numbers of projected enrollments for the BSN program or the non-nursing health programs such as the HWIH, MACPR, and MHI programs.

Table 1. Total Projected Enrollment Growth for Clinically-oriented CON Nursing Graduate Programs by the Year 2021 (N and %)

Program	Enrollment Ns for 2015-2016	Projected Enrollment Growth by 2021	N and % Change in Enrollment
MS in Nursing Program			
- Traditional Masters	429	559	+ 130 + 30.3%
- Post-masters	17	38	+ 21 + 123.5%
Doctorate of Nursing Practice (DNP)	64	180	+ 116 + 181.3%
PhD (included for comparison)	32	32	No change
Totals	542	809	+ 267* + 49.3%*

* Net change in enrollments across clinically-oriented graduate nursing programs only, including the PhD program for comparison. Enrollments for the BSN, GE option of the MS in Nursing, HWIH, MACPR, and MHI programs are not included in the totals. In 2015-2016, there are 1,519

students actively enrolled across all CON nursing programs, plus 194 pre-nursing students, and 90 additional students in the MACPR program. Numbers are rounded down/up at the 0.5 decimal point.

For the clinically-oriented graduate level nursing programs only, enrollments are projected to increase from 542 to 809 students over the 2016-2021 strategic planning period, representing a 49.3% increase in enrollment, with the largest increases occurring in the MS in Nursing and DNP programs that require fixed faculty/student ratios for clinical supervision based on credentialing body requirements. These numbers do not include the additional growth of enrollments for the Graduate Entry option of the MS in Nursing program, non-nursing graduate health programs such as the HWIH, MACPR, and MHI programs, and do not include the BSN program that will also require additional doctorally-prepared Clinical Track faculty.

If the MS in Nursing program converts to the DNP level within the 2016-2021 strategic planning period, assuming that there will be up to 40 Tenure Track faculty in the CON by 2018, it is projected that up to 120 Clinical Track faculty will be needed by the end of the 2016-2021 planning period to support the projected faculty needs for the expanding academic programs that focus on the preparation of clinical practitioners. This projected need leads to the current proposal to amend the current clinical cap from 40% to up to 75% over the next strategic planning period (2016-2021). The exact number of additional Clinical Faculty needed over the 2016-2021 time period is closely linked to the actual growth in enrollments in academic programs. Gradually raising the clinical cap from 40% to up to 75% over the 5-year strategic planning period will enable us to implement the amended clinical cap in a modulated fashion with careful evaluation for any problem-solving that may be needed to fully assure the integrity of the tenure system and academic governance system.

Based on the total enrollments presented in Table 1 for the nursing graduate programs only, conservatively, the CON will need at least 100 Clinical Track faculty as at least 600 students will be in clinical practicum courses that require a 1:6 faculty-to-student ratio. The projected number of Clinical Faculty does not include additional Clinical Faculty that will be needed for other academic programs, but at least 20 additional Clinical Faculty are estimated to be needed for these additional areas. Thus, the 1:3 Tenure to Clinical Track Faculty ratio that has been described (40 Tenure Track faculty, 120 Clinical Track faculty) to amend the 40% clinical cap to a 75% clinical cap is realistic, and the needed rate of growth in Clinical Track faculty is represented by a non-linear increasing function over the 2016-2021 strategic planning period.

This current proposal to amend the clinical cap is supported by the recommendations of external reviewers and data from benchmark and aspirational schools/colleges of nursing. In 2013, OAA conducted an academic unit review of the College of Nursing. This process included the development of a self-study

report and site visit by external reviewers. The CON received a highly favorable academic unit review, but the external reviewers included a strong endorsement in their report for the CON to seek an amendment of the current 40% clinical cap in order to meet the strategic initiatives of the CON, including further growth of the academic programs to meeting pressing national needs for expanding the nursing workforce. Data from benchmark and aspirational schools/colleges of nursing was also obtained and indicates that a number of other our comparison schools/colleges with similar academic programs, strategic planning initiatives, and strong Tenure Track and academic governance systems do not have a clinical cap, including the University of Illinois, the University of Maryland, and Penn State University.

CON Faculty Review and Approval Process

The original proposal to amend the clinical cap was presented to the CON faculty in November 2014, at which there was a quorum met with 22 Tenure Track faculty present who were eligible to vote. Voting was consistent with the large majority of the CON faculty supporting an amendment to amend the clinical cap, with only two votes of “no” received and no abstentions. This revised version of the proposal seeks a modified instead of a complete removal of the clinical cap, in order to be well-responsive to the concerns of the broader university faculty about the needed protection of the tenure system and the academic governance system at OSU.

In February 2016, the CON Tenure Track faculty voted to approve this revised proposal. A quorum was met for the vote, with 22 votes to approve, 2 votes to not approve, and no abstentions. This vote reconfirms the support of the large majority of the CON Tenure Track faculty for the proposed amendment of the clinical cap.

Proposed Two Step Process for Amending the CON Clinical Cap

An initial step in amending the CON clinical cap would be to reclassify the currently-appointed doctorally-prepared Associated Faculty who meet the appointment criteria for Clinical Track, and who are currently approved by the Graduate School by special petition to serve as graduate student advisors and committee members for the MS in Nursing and DNP programs, into Clinical Track faculty positions. Essentially, this is an immediately-available pool of approximately 28 faculty who have already been well-vetted in much of the teaching and service roles done by faculty who are appointed in Clinical Track. Six of the faculty for the MS in Nursing program have already earned doctoral degrees, and the remaining 11 are currently enrolled and will soon complete their DNP programs. In addition, there are 11 doctorally-prepared faculty who are approved for examination and committee service for the DNP program. Based on the current number of Tenure Track faculty (N = 27), and converting approximately 28 doctorally-prepared Associated Faculty to Clinical Track, this would change the percentage of Tenure Track faculty to about 36.5% of the overall faculty based on the following calculation: 27 Tenure

Track/(1 Research Track + 46 Clinical Track + 27 Tenure Track), and percentage of Clinical Track faculty to 62.2% of the overall faculty based on the following calculation: $46 \text{ Clinical Track} / (1 \text{ Research Track} + 46 \text{ Clinical Track} + 27 \text{ Tenure Track})$. The remaining 1.3% of the overall faculty reflects one faculty member in the Research Track who serves as the CON primary statistician. Ultimately, the goal is to have up to 40 Tenure Track faculty and up to 120 Clinical Track faculty (1:3 ratio of Tenure to Clinical Track faculty) to support the expansion needs of the CON academic programs.

The second step in amending the clinical cap over the remainder of the 2016-2021 planning period would be to hire additional Clinical Track faculty in step with the enrollments in the expanding clinically-focused academic programs. The CON anticipates that some additional Clinical Track faculty could be drawn from currently-appointed masters-prepared Associated Faculty after they have obtained their doctoral degrees, and well as some new hires. The CON will continue existing successful recruitment efforts beyond the CON, especially in regard to the recruiting additional minority and senior level Clinical Track faculty.

As required by the Rules, the CON intends to remain fully consistent in its Pattern of Administration (POA) with all current Faculty Rules and in keeping with the commitment of the CON to fully observing the Faculty Rules that protect the integrity of the tenure system and academic governance process. The proposed amendments to the clinical cap are only for capacity adjustment to increase the number of Clinical Track faculty and would not necessitate changes to the existing Pattern of Administration in the CON beyond the proposed changes in the percentages of Tenure and Clinical Track faculty.

**Appointments, Promotion, and Tenure
Criteria and Procedures**

**College of Nursing
The Ohio State University**

Approved by the College of Nursing Faculty, June 2, 2005
Approved by the Office of Academic Affairs, October 17, 2005
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Approved by the Office of Academic Affairs, TBD

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Appointments, Promotion, and Tenure Criteria and Procedures

College of Nursing

1. PREAMBLE

This document is a supplement to Chapter 6 and 7 of the Rules of the University Faculty (rules of the university faculty concerning tenure track faculty appointments, reappointments, promotion, and tenure); the Office of Academic Affairs (OAA)'s annually updated procedural guidelines for promotion and tenure reviews; and other policies and procedures of the college and university to which the college and its faculty are subject. Should those rules and policies change, the college shall follow those new rules and policies until such time as it can update this document to reflect the changes. In addition, this document must be reviewed and either reaffirmed or revised at least every five years by the college Promotions and Tenure (APT) Committee and on appointment or reappointment of the dean.

This document has been approved by the faculty, by the dean of the college, and by the provost of the university. Within the context of the college's mission and the mission of the university, this document sets forth the criteria and procedures for faculty appointment; and the criteria and procedures for faculty promotion, tenure, and rewards, including salary increases. In approving this document, the dean and provost accept the mission and criteria of the college and delegate to the faculty the responsibility of applying high standards in evaluating continuing faculty and candidates for positions in relation to its mission and criteria.

The faculty and the administration are bound by the principles articulated in Faculty Rules.

2. MISSION STATEMENT

We exist to revolutionize health care and promote the highest levels of wellness in diverse individuals and communities throughout the nation and world through innovative and transformational education, research, and evidence-based clinical practice.

3. DEFINITIONS

3.1 Committee of Eligible Faculty (CEF)

3.1.1 Tenure Track faculty

The eligible faculty for appointment reviews of tenure track faculty consists of all tenure track faculty whose tenure resides in the college. For an appointment at senior rank, a second vote is taken by the faculty members eligible to vote on the rank under consideration.

The eligible faculty for senior rank of new appointments, reappointment, promotion and tenure, and promotion reviews of tenure track faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the college excluding the dean

and assistant and associate deans of the college, the executive vice president and provost, and the president. The faculty rules allow center directors to vote; however, if there is a perceived conflict of interest, the center director must recuse her/himself.

For tenure reviews of probationary professors, eligible faculty are tenured professors whose tenure resides in the college excluding, the dean and assistant and associate deans of the college, the executive vice president and provost, and the president.

3.1.2 Clinical Faculty

The eligible faculty for appointment reviews of clinical faculty consists of all tenure track faculty whose tenure resides in the college and all clinical faculty whose primary appointment is in the college. For an appointment at senior rank, a second vote is taken by the faculty members eligible to vote on the rank under consideration.

The eligible faculty for senior rank of new appointments, reappointment, contract renewal, and promotion reviews of clinical faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the college and all non-probationary clinical faculty of higher rank than the candidate whose primary appointment is in the college excluding the dean and assistant and associate deans of the college, the executive vice president and provost, and the president.

3.1.3 Research Faculty

The eligible faculty for appointment reviews of research faculty consists of all tenure track faculty whose tenure resides in the college, all clinical faculty whose primary appointment is in the college, and all research faculty whose primary appointment is in the college. For an appointment at senior rank, a second vote is taken by the faculty members eligible to vote on the rank under consideration.

The eligible faculty for senior rank of new appointments, reappointment, contract renewal, and promotion reviews of research faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the college, all non-probationary clinical faculty of higher rank than the candidate whose primary appointment is in the college, and all non-probationary research faculty of higher rank than the candidate whose primary appointment is in the college excluding the dean and assistant and associate deans of the college, the executive vice president and provost, and the president.

3.1.4 Associated Faculty

The eligible faculty to vote for senior appointment or promotion of associated faculty/clinical practice faculty is the same as for promotion of clinical faculty.

3.1.5 Conflict of Interest (COI)

A COI occurs when the faculty member stands to gain or lose personally and/or professionally from the outcome of the review of a candidate. The faculty member with a conflict of interest should provide written communication to the APT Committee chairperson with an explanation of the conflict. If a faculty member believes another faculty member has an undeclared conflict of interest, written communication to that

effect should go to the APT Committee chairperson, with the rationale for this belief. When there is a question about potential conflicts, open discussion and professional judgment are required in determining whether it is appropriate for the faculty member to excuse himself or herself from a particular review. The majority of the eligible faculty shall reach a decision regarding this issue. If a faculty member disagrees with that decision, the matter will be referred to the dean. The quorum is adjusted when faculty member(s) are excluded because of a conflict of interest. A faculty member with a conflict of interest shall not participate in the vote on rank of appointment for the candidate.

3.1.6 Minimum Composition

At minimum, three eligible faculty members must be involved in any promotion and tenure vote.

3.2 Promotion and Tenure Committee

The Promotion and Tenure (APT) Committee is comprised of four (4) members as follows: two professors with tenure, one associate professor with tenure, and one associate professor or professor of clinical nursing in second or subsequent term. This APT Committee assists the CEF in managing the personnel and promotion and tenure issues of the college. The chairperson is at the rank of professor and elected by the committee; the committee does not vote or otherwise make recommendations on cases.

3.3 Quorum

At least 75% of all eligible faculty; faculty recused because of a conflict of interest does not count against the quorum. Faculty members who are on approved leave are not counted for the purposes of determining quorum.

3.4 Recommendation from the Committee of the Eligible Faculty (CEF)

A positive recommendation for appointment, reappointment, promotion and tenure, promotion, and contract renewal at the rank of (a) associate or full professor with tenure, or (b) associate or full professor of clinical nursing or research is made to the dean if two thirds of the eligible faculty who are present at the meeting vote in the affirmative. Absentee ballots and proxy votes are not permitted.

4. APPOINTMENTS

The College of Nursing adheres to the criteria for appointment as stated in the Rules of the University Faculty.

4.1 Criteria

4.1.1 Tenure Track Faculty

Instructor. Appointment at the rank of instructor is made only when the offered appointment is that of assistant professor, but requirements for the terminal degree have not been completed by the candidate at the time of appointment. The college will make every effort to avoid such appointments. An appointment at the instructor level is limited

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

Upon promotion to assistant professor, the faculty member may request prior service credit for time spent as an instructor. This request must be approved by the college's eligible faculty, the department chair, the dean, and the Office of Academic Affairs. Faculty members should carefully consider whether prior service credit is appropriate since prior service credit cannot be revoked without a formal request for an extension of the probationary period. In addition all probationary faculty members have the option to be considered for early promotion.

Assistant Professor. Appointment as an assistant professor is based on having a doctoral degree from a regionally and professionally accredited institution and evidence that the individual can perform effectively in teaching, research, scholarship, and service. Criteria used for promotion and tenure are used to determine whether appointment as associate professor or professor is appropriate. Tenure track faculty may be granted Category P status with approval of the Graduate Studies Committee and the Graduate School.

- Teaching potential: Candidates will be assessed for their potential to teach both undergraduate and graduate students. Evidence will include the formal presentation at the time of the interview.
- Research and scholarship potential: Faculty applicants' research and scholarship potential will be assessed based on published work, record of funded research, achievements from a postdoctoral appointment, and a research presentation.
- Professional service: Applicants' participation in professional organizations or service will be considered.

Associate Professor and Professor. Appointment at senior rank requires that the individual, at a minimum, meet the college's criteria in teaching, scholarship, and service for promotion to these ranks. Appointment at senior rank normally entails tenure. A probationary appointment at senior rank is appropriate only under unusual circumstances, such as when the candidate has limited prior teaching experience or has taught only in a foreign country, or may be on the cusp of obtaining major extramural funding. A probationary period of up to four years is possible, on approval of the Office of Academic Affairs, with review for tenure occurring in the final year of the probationary appointment. If tenure is not granted, an additional (terminal) year of employment is offered.

Foreign nationals who lack permanent residency status may be appointed to a senior rank and approved for tenure, if appropriate, but the university will not grant tenure in the absence of permanent residency.

4.1.2 Clinical Faculty

Criteria for appointment of clinical faculty are similar to those of tenure track faculty, with the emphasis on teaching and practice and a potential for scholarship. Appointment of

clinical faculty entails a three-, four- or five-year contract. The initial contract is probationary, with reappointment considered annually. Tenure is not granted to clinical faculty. There is also no presumption that subsequent contracts will be offered, regardless of performance. If the college wishes to consider contract renewal, a formal review of the faculty member is required in the penultimate year of the current contract period.

Appointment at rank of assistant professor of clinical nursing is based on having a doctoral degree from a regionally and professionally accredited institution and evidence that the individual can perform effectively in teaching, scholarship, practice, and service. Candidates may be hired at the rank of instructor if the intended rank of appointment is assistant professor but they have not completed terminal degree requirements at the onset of the appointment. Criteria used for promotion are used to determine whether appointment as associate professor of clinical nursing or professor of clinical nursing is appropriate. Clinical faculty may serve as a Category M Graduate Faculty and may serve on doctoral examination and dissertation committees at the discretion of the Graduate Studies Committee.

- Teaching potential: Applicants will be assessed for their potential to teach both undergraduate and graduate students. Evidence will include the formal presentation at the time of the interview.
- Scholarship potential: Faculty applicants' scholarship potential will be assessed based on published work, and from a scholarly presentation.
- Professional service: Applicants' participation in professional organizations or service will be considered.
- Practice: Applicants' potential for professional practice in their specialty area will be considered.

4.1.3 Research Faculty

Criteria for appointment of research faculty are similar to those of tenure track faculty, with the emphasis on research and scholarship. Contracts will be for at least one year and no more than five years. Appointment at rank of research assistant professor is based on having a doctoral degree from a regionally accredited institution and evidence that the individual can perform effectively in scholarship and research. Criteria used for promotion are used to determine whether appointment as research associate professor or research professor is appropriate. These individuals are engaged in activities that consist primarily of research but also may engage in teaching, which is restricted to seminars, brief lecture series, guest lectures and independent studies, dissertation committees, and related activities. Research faculty will not have a course assignment. Research faculty may serve as a Category M Graduate Faculty and may serve on doctoral examination and dissertation committees at the discretion of the Graduate Studies Committee. Research faculty may be granted Category P status with approval of the Graduate Studies Committee and the Graduate School. Research faculty will not be academic advisors for graduate students.

1. Research and scholarship potential: Faculty applicants' research and scholarship potential will be assessed based on published work, record of funded research, achievements from a postdoctoral appointment, and a research presentation.
2. Professional service: Applicants' participation in professional organizations or service will be considered.

4.1.4 Associated Faculty

Recommendations for appointment are based on a comprehensive assessment of each candidate's qualifications, together with detailed evidence to support the nomination. Associated faculty includes the range of titles described in Faculty Rules. These include clinical practice titles, visiting titles, adjunct titles, and lecturer. Appointments may be made for a maximum of three consecutive years, and with the exception of visiting titles, may be renewed. Minimum criteria for appointment of associated faculty are:

Instructor level:

1. Master's degree or equivalent terminal degree from a regionally and professionally accredited institution. Candidates may be hired at the rank of instructor if the intended rank of appointment is assistant professor but they have not completed terminal degree requirements at the onset of the appointment.
2. Professional experience and scholarly endeavors congruent with the anticipated contribution to the mission of the college.

Assistant professor level or above:

1. Doctoral degree or equivalent terminal degree from a regionally and professionally accredited institution.
2. Professional experience and scholarly endeavors congruent with the anticipated contribution to the mission of the college.

4.1.5 Courtesy Appointments for Faculty

Courtesy appointments are no-salary joint appointments for Ohio State University (OSU) faculty from other tenure-initiating units at the rank of assistant professor or above. At a minimum, a courtesy appointment should be based on the expectation of the appointee's substantial involvement in the college; continuation of the appointment will reflect ongoing contributions. Unlike associated faculty appointments, courtesy appointments do not require formal annual renewal.

4.2 Procedures

Vigorous efforts will be made to ensure a diverse pool of highly qualified candidates. A national search is required for tenure track faculty hires, and may only be waived with approval from the Office of Academic Affairs. The dean makes all letters of offer. The substantial involvement of the faculty in the review of candidates for faculty appointment is strongly encouraged. This includes: (i) advising the dean regarding the need for new faculty; (ii) attending and evaluating the candidate's public presentation; and (iii) participating in the discussions of the faculty to advise the dean regarding the appointment decision. Applicants seeking appointment at the rank of associate professor or full professor shall be reviewed by the CEF, and a vote regarding rank will be made and communicated to the dean. All offers at the associate professor and professor

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

4.2.1 Tenure Track Faculty

Tenure track faculty at the rank of assistant professor are considered probationary during their first six years. Faculty on the CEF will evaluate a candidate during the interview process and make a recommendation to the dean. Letters of offer for probationary faculty are made by the dean. No approval is required from the OAA for appointments at rank of assistant professor. OAA approval is required for prior service credit and for appointment at senior rank (associate or full professor).

Appointment at senior rank normally entails tenure. A probationary appointment at senior rank is appropriate only under unusual circumstances, such as when the candidate has limited prior teaching experience or has taught only in a foreign country. A probationary period of up to four years is possible with approval of the Office of Academic Affairs. Details of the appointment without tenure should be communicated to the faculty member in the letter of offer.

4.2.2 Clinical Faculty

Clinical faculty are appointed for three to five years. Contracts are individually negotiated with the dean. The initial contract term is probationary. Faculty on the CEF will evaluate a candidate during the interview process and make a recommendation to the dean. Letters of offer are made by the dean. No approval is required from the OAA for appointments of clinical faculty at the assistant professor rank. Approval from OAA is required for appointments of clinical faculty at associate or full professor rank.

4.2.3 Research Faculty

Research faculty are appointed for one to five years. Contracts are individually negotiated with the dean. The initial contract term is probationary. Faculty on the CEF will evaluate a candidate during the interview process and make a recommendation to the dean. Letters of offer are made by the dean. No approval is required from the OAA for appointments of research faculty at the assistant professor rank. Approval from OAA is required for appointments of research faculty at associate or full professor rank.

4.2.4 Associated Faculty

Associated faculty who teach at the undergraduate level will be reviewed by the Associate Dean for Academic Affairs and the Assistant Dean for Prelicensure Programs. Candidates who will teach in graduate specialty programs may also be reviewed by faculty members of appropriate graduate specialty faculty groups; recommendations regarding appointment, continuation, or termination of such appointments are communicated to the dean.

- a. Clinical practice faculty: Appointments in this category shall be initiated by the faculty or the dean and may include an interview with the appropriate faculty. Nominations for non-salaried appointments may originate with faculty members or the dean when they identify a qualified candidate who is both willing and able

to commit appropriate time and effort to a delineated aspect of the college's programs of instruction or research. Requests are made to the dean with rationale for the appointment and a curriculum vita.

b. Visiting faculty: Titles shall be used to confer faculty status on individuals who have credentials comparable to tenure track, clinical, or research faculty of equivalent rank who spend a limited period of time participating in the instructional and research programs of the university. A visiting appointment cannot exceed three continuous academic years of service.

c. Adjunct faculty: Titles shall be used to confer status on individuals who have credentials comparable to tenure track, clinical, or research faculty of equivalent rank who provide significant service to the instructional and/or research programs of the university and who need a faculty title to perform that service. Adjunct appointments are made for the period in which the service is provided and renewal is contingent on continued significant contributions.

d. Lecturer: Titles of lecturer and senior lecturer shall be used for all compensated instructional appointments where other titles are not appropriate

4.2.5 Courtesy Appointments for Faculty

Courtesy appointments for faculty can be initiated by faculty or the dean as deemed necessary and appropriate to the mission of the college. Requests are made to the dean with rationale for the appointment and a curriculum vita.

5. ANNUAL REVIEWS

The annual review process reflects the college's responsibility to apply high standards in evaluating faculty. The purposes of the annual review are to:

- Review the faculty member's performance in teaching, research and scholarship, service, and practice (as appropriate), based on the APT criteria;
- Review evidence of continuing development;
- Assess the strengths and weaknesses of the faculty member's work and progress for use by the dean in subsequent merit/salary consideration;
- Provide recommendations to the faculty for development in teaching, research, scholarship, and service.

All faculty, except research faculty, are expected to participate in curriculum development, evaluation and revision, and to teach competently. Teaching is evaluated using input from student evaluations of teaching (SEIs or clinical teaching evaluations), peer and course head observations and evaluations, and review of materials developed by the faculty member. Credit is given for developing and implementing creative approaches that enhance student learning or result in innovative learning products.

All faculty are expected to engage in scholarship that contributes to nursing science, the science of health and wellness, and/or to nursing practice. A major expectation of tenure track faculty is that they carry out active programs of research and secure external

funding support. In addition, they are expected to contribute regularly to the published literature of nursing and related fields, and disseminate the results of their work through publication and presentations.

Clinical faculty are expected to be expert clinicians and to provide leadership in clinical practice at local, state and national levels. They are expected to contribute to the published literature that informs practice. Credit is given for engaging in outreach and engagement activities that provide service and strengthen ties to the community. Performance standards used in evaluation are consistent with performance at high quality benchmark colleges/schools of nursing with similar missions.

All faculty are expected to contribute to the life and governance of the college by attending faculty and course meetings and participating actively on relevant committees.

5.1 Annual Review Procedures

The procedures for annual review of faculty are consistent with Faculty Rules. The annual reviews for all faculty, except the 4th and 6th year reviews of probationary tenure track faculty and penultimate year reviews of probationary clinical and research faculty, are conducted in the spring as an administrative review with input from the eligible faculty. The dean or designee is responsible for notifying faculty of the timetable for annual review and the materials to be submitted.

The procedure for evaluation of instruction is guided by the principles set forth in the Office of Academic Affairs guidelines. This process includes, but is not limited to the Student Evaluation of Instruction (SEI) or Student Evaluation of Clinical Instruction (SECI). Faculty members are required to include SEI/SECI summary data and narrative student evaluations in their annual review materials.

Formal peer evaluations of teaching are conducted as part of the 4th year and promotion and tenure review of tenure track faculty and the penultimate and promotion review of clinical faculty. This review may include observation of classroom and clinical teaching, review of course materials, including materials developed for online instruction, and assessment of the role of the faculty member in course development, evaluation, and improvement. Teaching evaluation teams are assigned by the Associate Dean for Academic Affairs.

5.1.1 Probationary Faculty

Annual reviews of probationary faculty, excepting the 4th and 6th year reviews of probationary tenure track faculty and penultimate year reviews of probationary clinical and research faculty, will be conducted by their direct report with independent input from 2 members of the CEF appointed by the chair of the APT.

By the second Friday of April, probationary faculty will provide the materials to the dean or designee for their annual review using the criteria for the relevant rank, related documentation, and current dossier guidelines as published by the OAA. When the materials are ready, the APT chairperson will assign two members of the CEF to serve as independent evaluators. The evaluation will include an assessment of the faculty member's performance and professional development, including strengths and weaknesses, and a recommendation for reappointment. The evaluation letter will be

addressed to the Dean and copied to the direct report and the chair of APT.

The dean prepares an independent evaluation. The dean will meet with the faculty member to discuss the annual review and recommendations. The dean will notify the faculty member of his/her reappointment decision at the end of a meeting.

The reviews will be completed by the end of June. These final review(s) will become a part of the faculty member's dossier for subsequent annual reviews during the probationary period, as well as the review for promotion and tenure.

If a non-reappointment decision is made, the faculty member will be given 10 calendar days to comment, and the dean may respond. At the end of the comments period, the dean forwards the complete dossier to the OAA for review. The provost will make the final decision about the case.

5.1.2 Tenured Faculty

The dean or designee is responsible for notifying the faculty of the timetable for annual review and the materials to be submitted. By the second Friday of April, tenured faculty will provide the materials to the dean or designee for their annual review using the criteria for the relevant rank, related documentation, and current dossier guidelines as published by the OAA. Tenured faculty at the associate or full rank may use the dossier format or submit a current curriculum vita, supplemented with the teaching table, advising list, cumulative Student Evaluations of Instruction (SEIs), and the teaching narrative as outlined in the OAA dossier guidelines. A table of scholarship activities accumulated since the last formal review, which includes manuscript and grant activity, should also be included. Any other relevant documentation not included in the CV or in the outlined tables may be submitted by the candidate.

A written annual review statement will be prepared by the dean or designee. Tenured faculty will have an annual review meeting with the dean or designee.

Associate professors' annual review materials will be formally reviewed by the CEF for progress toward promotion at least every five years in the Spring semester, and more frequently if requested by the associate professor. Eligible faculty to review materials of associate professors includes all full professors in the college, with the exclusion of the dean, vice dean, and associate and assistant deans. Following the review of the faculty member's materials, a letter of review will be generated and a meeting arranged with the faculty member under review, at least one member of the eligible review faculty group, and the dean.

Every five years, full professors' annual review materials will be formally reviewed by the eligible faculty review body during spring semester for continued productivity. Eligible faculty to review materials of professors includes all other full professors in the college, with the exclusion of the dean and vice dean, associate and assistant deans. Following the review, a letter will be generated and a meeting arranged with the faculty member under review, at least one member of the eligible review faculty group, and the dean of the College of Nursing.

5.1.3 Clinical Faculty in Second or Subsequent Term

The annual review process for clinical faculty in their second and subsequent terms of appointment will be identical to that required for tenured faculty. During the penultimate year of any contract term, the procedures for review are the same as those outlined in section 5.3 below.

5.1.4 Research Faculty in Second or Subsequent Term

The annual review process for research faculty in their second and subsequent terms of appointment will be identical to that required for tenured faculty. During the penultimate year of any contract term, the procedures for review are the same as those outlined below in section 5.3.

5.1.5 Associated Faculty

Associated faculty appointments may be made for one to three years, as reflected in an annual appointment/reappointment letter. Time spent in these appointments does not accrue toward tenure, and such appointment can be terminated at the end of any contract.

Each salaried associated faculty member is reviewed annually by the appropriate assistant or associate deans; input from specialty program and/or course teams may be obtained. A decision about reappointment is communicated to the dean.

The teaching contributions of non-salaried clinical practice and adjunct faculty are reviewed annually by the appropriate specialty program and or course teams; recommendations for renewal are forwarded to the appropriate associate or assistant dean.

5.1.6 Courtesy Faculty

Courtesy appointments shall be reviewed every four years. A decision to reappoint shall be made by the dean in consultation with the appropriate faculty group.

5.2 Fourth-Year Annual Review Procedures for Probationary Tenure Track Faculty

Faculty Rules require that the fourth-year review for probationary tenure track faculty follow the same procedures as the sixth-year review, except that external evaluations at the fourth-year review are not required. A written evaluation of teaching will be completed by a peer teaching evaluation committee selected by the associate dean for academic affairs. A written research evaluation will be completed by a research evaluation committee selected by the associate dean for academic affairs. One member of this committee shall be the associate dean for research. This evaluation will include all scholarship activities since hire, including grants, manuscripts, and works in progress.

The dean or designee is responsible for notifying the faculty of the timetable for review and the materials to be submitted. By the first Friday of September, the faculty member will provide the materials to the dean or designee for their review using the criteria for the relevant rank, related documentation, and current dossier guidelines as published by the OAA. When the materials are ready, the APT chairperson will notify the CEF that the materials are available for review.

The college APT chairperson is responsible for organizing the meeting for the review of designated faculty in October and for notifying the eligible faculty of the date and time of the meeting by May 1. The purposes of the meeting are to discuss the scholarship, teaching and service activities and accomplishments for the designated faculty since hire and make recommendations on reappointment.

Following the review by the CEF, the APT chairperson submits a statement of evaluation for inclusion in the dossier, which is then forwarded to the dean for review. The dean prepares an independent evaluation. The dean and the APT chairperson will meet with the faculty member to discuss the review and recommendations.

When the reports for the review by the APT chairperson and dean are complete, the faculty member under review is notified by the dean that the reports are available for review and the faculty member has 10 calendar days from that point to provide comments on the reports for inclusion in the dossier. If the faculty member provides written comments, the dean may provide a written response, and/or the faculty review body may reconvene and consider the candidate's comments and provide a written response.

The dean will make a recommendation for renewal to the provost. All non-reappointment decisions will be sent to OAA. If an appointment is not renewed, standards of notice will be in accord with Faculty Rules.

5.3 Penultimate Year Reviews for Clinical and Research Faculty

For research and clinical faculty, the review for contract renewal occurs in the penultimate year of the current contract period. The procedures for review are those outlined above in section 5.1.3 and 5.1.4. In the event that a new contract is not extended, the final year of the current contract is the terminal year of employment. There is no presumption that a new contract will be extended.

1. External evaluations of scholarship and practice activities are required at the penultimate year of the contract period for clinical faculty. A peer evaluation of teaching is also required. The peer teaching evaluation committee is selected by the associate dean for academic affairs. For clinical faculty, a positive penultimate year review carries with it a three to five-year reappointment. In addition, the terms of a contract may be renegotiated at the time of reappointment.
2. External evaluations are required at the penultimate year of the contract period for research faculty. A peer-evaluation of research is required. The research review is completed by a research evaluation committee selected by the associate dean for academic affairs. One member of this committee shall be the associate dean for research. This evaluation will include all scholarship activities since hire, including grants, manuscripts, and works in progress. For research faculty, a positive penultimate year review carries with it a three to five-year reappointment. In addition, the terms of a contract may be renegotiated at the time of reappointment.

6. COMPENSATION, MERIT SALARY INCREASES AND OTHER REWARDS

6.1 Criteria

Compensation decisions should support the recruitment, performance, and retention of high quality and productive faculty.

All salary adjustments are based on **merit**, except when and if the university mandates “across the board” or “minimum” flat or percentage salary adjustments. Performance evaluation is based on accomplishment and impact, rather than on effort expended. The criteria for merit salary increases are the same as the criteria for annual evaluations.

The dean determines the actual dollar figure of an individual’s compensation on the basis of performance and market considerations, as well as the impact of individual positions on the unit’s mission, as feasible within the unit’s budget.

All probationary, tenured, and clinical faculty who are promoted or promoted and tenured will receive a 6.0% raise centrally (OAA) and at least the aggregate percentage for that year from the college.

6.2 Procedures

Decisions regarding merit increases require the submission by the faculty member of adequately documented annual review materials. The dean shall use the annual review summaries, including comments from eligible faculty and other factors known to the dean, to determine merit salary increases.

- Recent hires will have received notification of their eligibility for the compensation process via the offer letter.
- Individuals known to be retiring or resigning prior to September 30 will be listed as ineligible in the compensation process.
- Faculty holding concurrent appointments with other university units and agency funds may utilize guidelines established by each entity’s board as long as those guidelines are current and reasonably consistent with university guidelines. The agency guidelines are to be submitted to the college during the annual compensation process. If the yearly salary increase timeline differs from university, agency funded employees will be made ineligible in the annual university compensation process.
- Cash payments as part of the compensation process may be provided in accordance with the annual guidelines issued by the Executive Vice President and Provost and by the Senior Vice President for Human Resources. Unless otherwise indicated in the guidance, individual increases of more than 10% require university approval. In all cases, a brief summary of the reason for a cash payment is documented.

All faculty must receive written notification of their salary increase. Any faculty or staff member receiving no salary increase must be notified in writing **with** supporting rationale. All salary letters are initiated and signed by the college dean.

7. PROMOTION AND TENURE AND PROMOTION REVIEWS

This section of the document delineates criteria for promotion with the ranks of tenure track, and non-tenure track faculty, which includes clinical, research, and associated faculty. These criteria shall be used to amplify the OSU Faculty Rules and used in conjunction with the OAA's Guidelines for Dossier Preparation. These criteria are the standards upon which judgments are based. In all cases, evidence of a sustained pattern in the quality of faculty effort and leadership is required for reappointment (in untenured positions) or promotion at any academic rank.

Examples of evidence are provided as guidelines and are intended to be illustrative rather than exhaustive. In evaluating the candidate's qualifications, flexibility shall be exercised, balancing (where the case requires) heavier commitments and responsibilities in one area against lighter commitments and responsibilities in another. In addition, as faculty engage in interdisciplinary endeavors and advanced practice, and place new emphases on their continuing activities, instances will arise in which the work of faculty members may depart from established academic patterns. In such cases, care must be taken to apply the criteria with sufficient flexibility. In all instances, superior intellectual attainment, in accordance with the criteria set forth in these rules, is an essential qualification for promotion to tenured positions.

Scholarship is the responsibility of every faculty member. Research is considered the primary form of scholarship for tenure track faculty and research faculty; other indicators include theoretical and philosophical innovations, the development of improved empirical methods, and the creative application of existing concepts and empirical methods to problem solving. Each tenure track and research faculty member is expected to develop a research and scholarship program that focuses on significant health and health care problems and is congruent with the mission of the College of Nursing.

- Collaborative work, including interdisciplinary work, is recognized as an important mechanism for advancing science. Both individual and collaborative efforts are equally important.
- Written accounts of research published in peer-reviewed, high-quality journals are the primary indicators of research and scholarship productivity. Journals are judged for their quality by impact factors, acceptance rates, and other criteria. First authorship is weighted more heavily than co-authorship.
- Indicators of the quality of a research and scholarship program are attracting funds, consulting in areas of research expertise and/or clinical expertise, serving on expert panels in the area, and giving invited lectures at scientific meetings.
- Indicators that a faculty member is growing professionally include external funding of research grants, the provision of research mentorship to students and colleagues, and recognition for research and scholarship by colleagues.

For clinical- faculty and associated faculty, scholarship may take the form of evidence-based practice protocols; published case studies or clinical reviews; contribution as a second author on peer-reviewed journal publications; and presentations at local, regional, or national professional meetings.

Effective teaching is an essential responsibility of all faculty members except research

faculty members in the College of Nursing. The quality of teaching is an explicit factor in the evaluation of faculty performance for promotion and tenure, and promotion. Teaching includes undergraduate and graduate instruction in formal courses, seminars, and individual studies. Directing student research and scholarship is both a research and teaching activity. Advising students, and academic and career counseling (graduate and undergraduate), are teaching activities.

Service is an expectation of tenure track, clinical, and research faculty within the College of Nursing. Service is defined as activities provided and responsibilities assumed for the benefit of the identified audiences of the university; the discipline of nursing; public and private health sectors at local, state, and national levels; and of the community. Faculty are expected to demonstrate increasing involvement and leadership in service as they progress in rank. The nature and extent of service activity, however, will vary for individual faculty members. Faculty provide services of the following types:

- Administrative services at college and university levels,
- Advisory services to undergraduate and graduate students,
- Professional services to peers in the discipline of nursing, to other health care providers, and to community leaders, and
- Clinical practice.

7.1 Criteria for Promotion

7.1.1 Promotion to Associate Professor with Tenure

Tenure and promotion are based on performance in teaching, research and scholarship, and service and a pattern of performance over the probationary period that yields a high degree of confidence that the candidate will continue to develop professionally. The awarding of tenure and promotion to the rank of associate professor must be based on convincing evidence that the faculty member has achieved excellence in teaching, research, and scholarship and is one who provides effective service and, if relevant, excellence in practice. A probationary tenure track assistant professor is expected to be externally funded by the fourth-year review. By the sixth-year review, the faculty member is expected to be a principal investigator of a peer-reviewed, highly competitive, externally funded research grant or show equivalent evidence of a high-quality program of scholarship with significant impact on the discipline or practice. Evidence must also indicate that the faculty member can be expected to continue a program of high-quality teaching, research, scholarship, and service (see Table 1).

7.1.2 Promotion to Professor

Promotion to the rank of professor must be based on convincing evidence that the faculty member has a sustained record of excellence in teaching, has maintained a productive program of research and scholarship that is recognized nationally or internationally, has demonstrated leadership in service, and, if relevant, has a sustained record of excellence in practice (see Table 1).

7.1.3 Promotion to Associate Professor of Clinical Nursing

Promotion to the rank of associate professor of clinical nursing is based on convincing evidence that the faculty member has achieved excellence in teaching and scholarship,

and provides effective service, and (for some) provides excellent clinical practice. Evidence must also indicate that the clinical faculty member can be expected to continue a program of high-quality teaching, scholarship, and service, and clinical practice (if applicable) (see Table 2).

7.1.4 Promotion to Professor of Clinical Nursing

Promotion to the rank of professor of clinical nursing must be based on convincing evidence that the faculty member has sustained records of excellence in teaching and scholarship that are recognized nationally or internationally, expertise in clinical practice (if applicable), and demonstrated leadership in service (see Table 2).

7.1.5 Promotion to Research Associate Professor

Promotion to the rank of research associate professor is based on convincing evidence that the faculty member has achieved excellence in research and scholarship and has established a pattern of significant funding. Evidence must also indicate that the research faculty member can be expected to continue a program of high-quality research and scholarship relevant to the mission of the college (see Table 3).

7.1.6 Promotion to Research Professor

Promotion to the rank of research professor must be based on convincing evidence that the faculty member has a sustained record of excellence in research and scholarship that is supported by significant funding and recognized nationally or internationally (see Table 3).

7.1.7 Promotion of Associated Faculty

Promotion to assistant professor of clinical practice requires completion of a doctoral degree or equivalent terminal degree from a regionally and professionally accredited institution and professional experience and scholarly endeavors congruent with the anticipated contribution to the mission of the college.

Promotion to associate professor of clinical practice must be based on convincing evidence that the faculty member has achieved excellence in teaching, professional experience, and scholarly endeavors congruent with their specialty areas.

Promotion to professor of clinical practice must be based on convincing evidence that the faculty member has sustained records of excellence in teaching, professional experience, and scholarly endeavors congruent with their specialty areas.

7.2. Procedures

The college's procedures for promotion and tenure reviews are consistent with and supplement those set forth in Faculty Rules. Tenure-track and non-tenure track faculty may request in writing a meeting with the APT Committee to discuss non-mandatory promotion review. This meeting must occur during the fall semester of the year prior to when the candidate is considering submitting materials for promotion. The APT Committee may decline to put forth a faculty member for formal non-mandatory promotion review if the candidate's accomplishments are judged not to warrant such

review. The APT Committee may not deny a tenured faculty member a formal review for promotion more than one year. Approval by the APT Committee to seek promotion should not be construed as a positive review decision.

7.2.1 Timing

Tenure track faculty: Assistant professors are reviewed for promotion and tenure in the sixth year. Tenure and promotion to associate professor becomes effective at the start of the seventh year of employment if granted. Promotion to associate professor (and hence tenure) earlier than the sixth year is possible if the criteria for promotion are met. This request would be treated as a non-mandatory promotion and tenure review. The APT Committee may decline to put forth a faculty member for formal non-mandatory promotion and tenure review if the candidate's accomplishments are judged not to warrant such review. When associate professors or professors are hired for a probationary period of one to four years, the mandatory review for tenure will occur in the final probationary year. If tenure is not granted, a one-year terminal appointment as associate professor or professor will be offered. Tenured associate professors may be reviewed for promotion after consulting with the APT committee (non-mandatory review).

Research faculty: Research faculty may be reviewed for promotion at the time of initial reappointment or any time thereafter.

Clinical faculty: Clinical faculty may be reviewed for promotion at the time of initial reappointment review or any time thereafter.

7.2.2 Notification of Candidates

The dean notifies eligible faculty of the dates for tenure and/or promotion review. The candidate shall notify the dean, in writing, of the intent to seek or not to seek tenure. If the candidate decides not to apply for tenure, then a letter of resignation, effective no later than May 31 of the following year, should be given to the dean. The dean informs the APT Committee chairperson of the anticipated reviews.

7.2.3 Dossier Preparation and Responsibilities of Involved Parties

7.2.3.1 Candidate Responsibilities

The candidate is responsible for preparing, according to OAA guidelines, a dossier documenting his or her accomplishments. The candidate will submit the dossier to the college APT Committee no later than the second Friday of September.

7.2.3.2 Dean's Responsibilities

The dean or designee shall compile additional evidence required for review per OAA guidelines to include in the dossier.

7.2.3.3 APT Committee Responsibilities

The APT Committee oversight designee will review the dossier for format and adequacy of documentation. The college APT Committee will verify the accuracy of citations and other aspects of the candidate's dossier.

7.2.4 External Evaluation of Scholarship

Using the current guidelines from the OAA, external evaluations are obtained for all tenure track promotion and tenure reviews, and all clinical and research faculty promotion and reappointment reviews in which scholarship must be assessed. The dean or the APT Chair shall be responsible for requesting letters from external evaluators and from other units at this university in which the candidate has an appointment or a substantial professional involvement, whether compensated or not. No more than one-half of the letters contained in the dossier should be from persons suggested by the candidate. All solicited letters that are received must be included in the dossier. Unsolicited letters of evaluation or letters of evaluation solicited by anyone other than the above authorized person may not be included in the dossier. Written evaluations shall be due by October 1.

A credible external evaluator is a person highly qualified to judge the candidate's scholarship (or other performance, if relevant) who is not a close personal friend, research collaborator, or former academic advisor or post doctoral mentor of the candidate. Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. Letters from full professors at institutions comparable to Ohio State are preferred, but in the case of an assistant professor seeking promotion to associate professor with tenure, a minority of the evaluations may come from associate professors at comparable institutions.

A useful evaluation provides sufficient analysis of the candidate's performance to add information to the review. A letter's usefulness is defined as the extent to which the letter is analytical as opposed to perfunctory. Under no circumstances will "usefulness" be defined by the perspective taken by an evaluator on the merits of the case.

7.2.5 Evaluation of Teaching

A teaching evaluation team will perform a systematic evaluation of the candidate's evidence regarding quality of teaching. The APT Committee chairperson and associate dean for academic affairs will appoint the Teaching Evaluation Team in spring semester, a year prior to when the dossier is submitted. The Teaching Evaluation Team will summarize their evaluation of the evidence of excellence in teaching in a letter to the APT Committee chairperson that will be included in the dossier. The evaluation should include, at a minimum, an evaluative review of the documentation regarding quality of teaching from the third and fifth years, and other times of promotion and/or tenure consideration.

7.2.6 Evaluation of Practice

A practice evaluation team will perform a systematic evaluation of the candidate's evidence regarding quality of practice. The APT Committee chairperson and associate dean for clinical practice will appoint the Practice Evaluation Team in spring semester, a year prior to when the dossier is submitted. The Practice Evaluation Team will summarize their evaluation of the evidence of excellence in practice in a letter to the APT Committee chairperson that will be included in the dossier. The evaluation should include, at a minimum, an evaluative review of the documentation regarding quality of practice from the third and fifth years, and other times of promotion and/or tenure

consideration.

7.2.7 Review Process

At the meeting of the CEF, a member of the CEF will lead the discussion of each candidate's qualifications and achievements in the areas of teaching, scholarship, and service. Members of the CEF shall vote by secret ballot on the recommendation for promotion and/or tenure. All deliberations and voting of the CEF are confidential. Although a single college APT Committee member is assigned oversight responsibility, all members of the CEF must accept personal responsibility for assuring that reviews are procedurally correct, fair, confidential, and free of bias for all faculty members. The oversight designee should assure that the review body follows written procedures governing its reviews and that the proceedings are carried out in a highly professional manner. Any procedural difficulties or other concerns about the review should first be brought to the attention of the APT Committee chairperson, who must provide a response to the oversight designee regarding either actions taken, or why the action suggested is not warranted. The chairperson of the APT Committee or his/her designee shall prepare a letter summarizing the strengths and weaknesses of the candidate, the results of the faculty vote, and the recommendation made by the CEF. The APT chairperson shall submit the dossier and the letter of the CEF to the dean of the college.

7.2.8 Dean's Review

Review: the dean shall prepare an independent written assessment of the candidate and make a recommendation to the provost for inclusion in the dossier.

7.2.9 Meeting of Dean and APT Chairperson

Chairperson: the dean and the chairperson of the APT Committee will meet with the faculty member to discuss both reviews and recommendations.

7.2.10 Post-Review Notification of Candidate

Candidate: the dean shall notify the candidate in writing of the review and of the availability of all the review materials. The candidate may request a copy of the review materials.

7.2.11 Opportunity for Candidate Response

Candidate response: The candidate may provide the dean with written comments on the review for inclusion in the dossier within 10 calendar days of notification of the completion of the review. The dean, after consultation with the CEF, may provide a written response to the candidate's comments for inclusion in the dossier. Only one iteration of comments about this review is permitted. The dean shall forward the dossier, along with all evaluations and reports, to the provost.

7.2.12 Final Notification

The dean shall notify the candidate in writing of the results of the university review.

7.3 Documentation

7.3.1 Documentation in Excellence in Teaching

The OAA core dossier outline serves as the basic standard for documentation that will be examined in assessing performance. Listed below are the possible forms of documentation to be included in the dossier in the areas of teaching, research and scholarship, and service/clinical practice.

To judge instruction, the following components may be considered:

- command of subject, including incorporation of recent developments into instruction;
- organization and presentation of class material;
- contributions to curricula development;
- creativity in course development, methods of presentation, and incorporation of new materials and ideas;
- mentoring of future teachers—teaching assistants;
- advising undergraduate and graduate students;
- directing graduate and undergraduate scholarly activities;
- clinical laboratory instruction/supervision; and
- clinical instruction/supervision.

The following items should be considered in compiling documentation in the area of instruction.

- Peer evaluations of teaching, as described in the Pattern of Administration.
- Evidence of the development of new and effective instructional techniques and materials, shown through written explanation by the candidate, including syllabi, examinations, and assignments.
- Number of courses and sections taught and number of students enrolled.
- Recognition or awards for distinguished teaching.
- Solicited letters/evaluations from former students. No unsolicited letters.
- Instruction-related publications authored, co-authored or (co-)edited: number, scope, and distribution:
 - peer-evaluated publications designed primarily to communicate with other educators (e.g., journal articles on curricula, course innovations, and student placement);
 - textbooks, chapters in textbooks or peer-evaluated books of readings; and
 - articles, papers, reviews, and other non-reviewed class materials.
- Academic advising, mentoring, and direction of undergraduate and graduate students in scholarly papers, theses, dissertations, and scholarly projects, including the achievements of these students.
- Maintenance and development of competence through organized workshops, study leaves, courses, and clinical visits.
- Leadership in development of courses and curricula that goes beyond normal teaching and service expectations.
- All faculty members must obtain students' evaluations of their teaching using the SEI. Trends and/or patterns of responses in evaluations are considered to be as important as or potentially more important than individual items or scores for any particular year. For fourth-year and promotion reviews, if the primary means of collecting student input was narrative comments, someone other than the

candidate shall summarize the comments on a course-by-course basis for inclusion in the dossier.

- Any other information that the candidate may wish to submit.

7.3.2 Documentation of Excellence in Research and Scholarship

Items for evaluating research and scholarship include publications, grants, research activities with students, and other scholarly activities listed below. The involvement of graduate and undergraduate students is an indicator of a clinical faculty member's research and scholarship productivity. Publications co-authored with students and other creative works in which students collaborate is a reflection of a clinical faculty member's mentorship.

Publications

A general hierarchy of publication significance for research and scholarship is listed below. Manuscripts in review provide evidence of continuing research and scholarly efforts. Manuscripts accepted for publication, documented by copies of correspondence from the publisher, will be treated as publications for the purpose of evaluation for research and scholarship performance.

- Peer reviewed data-based articles have primary importance as evidence of research accomplishments.
- Critical review articles often require significant investigation on the part of the author and pass a rigorous peer review. Such publications are treated as research and scholarly output.
- Books, book chapters, and monographs based on original research and/or innovations in clinical practice.
- Published, invited, and selected papers presented at professional meetings.
- Textbooks, edited volumes, and other materials that are intended to be primarily instructional tools are judged as scholarly output to the extent that they present new ideas or constitute conceptual or empirical innovation.
- Publications that are not peer-reviewed and unpublished papers if the author demonstrates their quality and usefulness can be considered.
- Book reviews written for journals reflect the author's status as a scholar, but may occasionally also represent research output.

Grants

Grants are mechanisms to support research and scholarship support investigations that address significant health and health care problems. Funding may be derived from a variety of sources. However, a general hierarchy of grant awards can be identified.

- Principal/Co-principal investigator of an externally funded, peer-reviewed, highly competitive research grant.
- Significant member of an externally funded, peer-reviewed, highly competitive research grant.
- Principal/Co-principal investigator of an externally funded, peer-reviewed, highly competitive program or demonstration grant.
- Significant member of an externally funded, peer-reviewed, highly

- competitive program or demonstration grant.
- Principal/Co-principal investigator of an internally funded research grant.
- Significant member of an internally funded research grant.

7.3.3 Documentation of Excellence in Service and Clinical Practice

Excellent clinical practice may be a responsibility of clinical faculty and of tenure track faculty as appropriate to their responsibilities within the college. When faculty are engaged in practice, documentation must include a description of area of practice, where practice is done, average hours of practice per week, major contributions, and quality of practice. The following items should be considered in compiling documentation in the area of practice:

- Evidence of the development or revision of clinical practice guidelines;
- Analysis of practice descriptors and statistics;
- Recognition or awards for excellence in clinical practice;
- Peer evaluation by colleagues and multidisciplinary team members;
- Letters/evaluations from present and former patients;
- Practice-related publications;
- Evidence of clinical mentoring and direction of undergraduate, graduate, and professional peers;
- Leadership in the development of practice innovations, clinical practice standards, and clinical pathways;
- Invited and peer-reviewed presentations on clinical topics to professional audiences;
- Presentations and activities that promote health in the community;
- Participation in clinical/practice standards committees and quality-review boards; and
- Any other information that the candidate may wish to submit.

8. APPEALS OF PROMOTION AND TENURE DECISIONS

Faculty Rules set forth general criteria for appeals of negative promotion and tenure decisions. Further detail on appeals alleging improper evaluation is contained in Faculty Rules.

9. SEVENTH YEAR REVIEWS

The college follows Faculty Rules on seventh-year reviews, which set forth the conditions of and procedures for a seventh-year review for a faculty member denied tenure as a result of the sixth-year review.

10. APPENDICES

Table 1: Tenure track faculty criteria for rank

Table 2: Clinical faculty criteria for rank

Table 3: Research faculty criteria for rank

Table 1: Tenure track faculty criteria for rank

Research and Scholarship		
Assistant Professor	Associate Professor	Professor
<p>Potential for developing a focused program of research and scholarship as evidenced by:</p> <ul style="list-style-type: none"> • peer-reviewed publications as first-author and co-author • funding for research that includes internal and external awards • Regional and/or national presentation of research 	<p>A developed and focused program of research as evidenced by:</p> <ul style="list-style-type: none"> • External funding as a PI on a peer reviewed, highly competitive award • A consistent and building record of first-authored and co-authored peer reviewed research-based publications • Evidence of impact of publications on the field using current metrics • A mix of interdisciplinary and nursing specific publications • Mentoring of students at all levels in research • Service on graduate student committees in the college and in other university departments. 	<p>A developed and sustained program of research; as evidenced by:</p> <ul style="list-style-type: none"> • Externally funded, peer reviewed, highly competitive awards as PI/Co-PI; • First-authored and co-authored peer reviewed research-based publications • Impact of publications on the field using current metrics • A mix of interdisciplinary and nursing specific publications • Effective mentoring of junior faculty • Mentoring of graduate students. Student outcomes are crucial, e.g., quality of students' dissertations, co-authored publications, impact on the science. The student's research success reflects on the candidate's scholarship and research mentoring. • Serving on expert panels • National/international recognition for scholarly contributions to the science • Chairs graduate students committees in the college and serves on committees in other university departments.
Teaching		
<p>Potential to develop as an effective teacher as evidenced by:</p> <ul style="list-style-type: none"> • Faculty evaluation of interview presentation • Interviews with senior faculty. • Prior student evaluations of teaching (if available); • Self-evaluation of teaching activities and skills 	<p>Achievement of excellence in teaching as evidenced by:</p> <ul style="list-style-type: none"> • Student evaluation of teaching, including university SEI reports and narrative comments • Peer evaluations of teaching • Student accomplishments • Involvement in and contributions to college curriculum activities • Effective advisement of students • Mentoring of junior faculty to become effective teachers. 	<p>A sustained record of excellence in teaching as evidenced by:</p> <ul style="list-style-type: none"> • Student evaluation of teaching, including University SEI reports and narrative comments • Peer evaluations of teaching • Student accomplishments including research and scholarship awards, publications • Demonstrated leadership in curriculum activities • Sustained and effective advisement of students

Service		
<p>Demonstrates understanding of service to college, university, and professional organizations.</p> <ul style="list-style-type: none"> • Participates in professional associations at state and national levels. • Membership in regional and national research or special interest networks for research, scholarship, and continuing education. 	<p>Demonstrated pattern of effective service by participation and beginning leadership activities in academic and/or professional activities. A mix of college and university service, with beginning national service is expected.</p> <p><u>At the College and University Level:</u></p> <ul style="list-style-type: none"> • Participates in college and university committees. • Facilitates the ongoing function of college operations and activities. • Serves on college and University governance, standing, and special committees, and on task forces. • Actively participates in recruiting students and faculty for the college. • Advises undergraduate and graduate professional and service organizations. • Serves on college and university committees related to student affairs. <p><u>Professional Services</u></p> <ul style="list-style-type: none"> • Actively participates in professional associations at state, national, and international levels, e.g., manuscript review, special committees, task forces, advisory committees. • Participates in regional and national research networks for service, research, scholarship, and continuing education. • Manuscript reviewer for relevant journals. 	<p>Demonstrated leadership in academic and/or professional. A mix of college, university, and national service is expected.</p> <p><u>At the College and University Services</u></p> <ul style="list-style-type: none"> • Provides leadership for college, and university committees. • Facilitates the ongoing function of college operations and activities • Provides leadership on college and University governance, standing, and special committees, and on task forces. • Actively participates in recruiting students and faculty for the college. • Advises undergraduate and graduate professional and service organizations. • Provides leadership on college and university committees related to student affairs. <p>Effective mentoring of faculty</p> <p><u>Professional Services</u></p> <ul style="list-style-type: none"> • Provides leadership to professional associations at state, national, and international levels, e.g., holding office, editorial board member, special committees, task forces, advisory committees. • Provides consultation and contributes to policy making boards of community, government, and health care agencies, at local, state, national and international levels. • Provides professional services to peers, including reviewing course materials, manuscripts, proposals, and evaluations of instruction and research.

Table 2: Clinical faculty criteria for rank

Scholarship		
Assistant Professor	Associate Professor	Professor
<p>Developing an area of scholarship as evidenced by:</p> <ul style="list-style-type: none"> • peer-reviewed publications as first-or co-author • Regional and/or national presentations 	<p>A developed area of scholarship as evidenced by:</p> <ul style="list-style-type: none"> • A consistent and building record as first or co-author on peer reviewed publications • Impact of publications on the field using current metrics • Mentoring of students at all levels in clinical scholarship • Contributing to clinically relevant practice documents, such as evidence-based practice protocols, case studies, clinical review. • Authorship or co-authorship of book chapters 	<p>A developed and <u>sustained</u> area of scholarship as evidenced by:</p> <ul style="list-style-type: none"> • Publication of first-authored and co-authored peer reviewed clinically relevant publications • Impact of publications on the field using current metrics • Mentoring of junior faculty; • Mentoring of students at all levels with co-authored publications; Involvement with graduate students and student outcomes are crucial, e.g., quality of students' projects, impact on clinical practice • Service on expert panels • National/international recognition for scholarly contributions to clinical practice
Teaching		
<p>Potential to develop as an effective teacher as evidenced by:</p> <ul style="list-style-type: none"> • Student evaluation of teaching if available; documentation includes University SEI reports and narrative comments. • Presentation during interview • Self-evaluation of teaching activities and skills 	<p>Achievement of excellence in teaching as evidenced by:</p> <ul style="list-style-type: none"> • Student evaluation of teaching; documentation includes University SEI reports and narrative comments • Peer evaluations of teaching • Student accomplishments • Involvement in and contributions to college curriculum activities • Effective advisement of students 	<p>A sustained record of excellence in teaching as evidenced by:</p> <ul style="list-style-type: none"> • Student evaluation of teaching; documentation includes University SEI reports and narrative comments • Peer evaluations of teaching • Student accomplishments including scholarship awards, publications • Chairing of doctoral student final project • Mentoring of faculty • Leadership in curriculum activities • Sustained and effective advisement of students

Service

<p>At the College and University level:</p> <ul style="list-style-type: none"> • Appreciates the role of effective service in college and university governance. • Identifies potential college committees for service. <p>Professional Services:</p> <ul style="list-style-type: none"> • Membership and activities in professional associations for service, scholarship, and continuing education at state and national levels. 	<p>Demonstrated pattern of effective service by participation and beginning leadership activities in academic and/or professional organizations. College service with beginning national service is expected.</p> <p>At the College and University Level:</p> <ul style="list-style-type: none"> • Participates in college committees. • Facilitates the ongoing function of college operations and activities. • Serves on college governance, standing, and special committees, and on task forces. • Actively participates in recruiting students and faculty for the college. • Advises undergraduate and graduate professional and service organizations. • Serves on graduate students committees in the college • Serves on college committees related to student affairs. <p>Professional Services</p> <ul style="list-style-type: none"> • Actively participates in professional associations at state, national, and international levels, e.g., manuscript review, special committees, task forces, advisory committees. • Participates in regional and national networks for service, scholarship, and continuing education. 	<p>Demonstrated continuing pattern of leadership in academic and/or professional service. A mix of college and national service is expected.</p> <p>At the College and University Services</p> <ul style="list-style-type: none"> • Provides leadership for college committees. • Facilitates the ongoing function of college operations and activities • Provides leadership on college standing, and special committees, and on task forces. • Actively participates in recruiting students and faculty for the college. • Advises undergraduate and graduate professional and service organizations. • Chairs graduate students committees in the college • Provides leadership on college committees related to student affairs. <p>Professional Services</p> <ul style="list-style-type: none"> • Provides leadership to professional associations at state, national, and international levels, e.g., holding office, editorial responsibilities, manuscript review, special committees, task forces, advisory committees. • Provides leadership in regional and national networks for service, scholarship, and continuing education. • Provides consultation and contributes to policy making boards of community, government, and health care agencies, at local, state, national and international levels. • Provides professional services to peers, including reviewing course materials, manuscripts, proposals, and evaluations of instruction.
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Clinical Practice

<p>Engagement in excellent clinical practice as demonstrated by:</p> <ul style="list-style-type: none"> • Practice statistics (e.g., satisfaction, quality indicators) • Awards for clinical practice • Peer evaluations 	<p>Excellent clinical practice and participation in activities to strengthen clinical practice locally or nationally.</p> <ul style="list-style-type: none"> • Participation in the development or revision of clinical practice guidelines Analysis of practice descriptors and statistics • Recognition or awards for excellence in clinical practice • Peer evaluation by colleagues and multidisciplinary team members • Practice related publications • Evidence of clinical mentoring and direction of undergraduate, graduate and professional peers • Involvement in the development of practice innovations, clinical practice standards, and clinical pathways beyond normal clinical practice expectations • Invited and peer-reviewed presentations on clinical topics to professional audiences • Participation in clinical/practice standards committees and quality review boards 	<p>Sustained excellent clinical practice and leadership in activities that strengthen clinical practice locally, nationally, internationally as demonstrated by:</p> <ul style="list-style-type: none"> • Leadership in the development of clinical practice guidelines • Leadership in clinical mentoring and direction of undergraduate, graduate and professional peers • Leadership in the development of practice innovations, clinical practice standards, and clinical pathways beyond normal clinical practice expectations • Invited and peer-reviewed national and international presentations to professional audiences • Leadership in clinical/practice standards committees and quality review boards
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Table 3: Research faculty criteria for rank

Research and Scholarship		
Assistant Professor	Associate Professor	Professor
<p>Developing a focused program of research and scholarship as evidence by:</p> <ul style="list-style-type: none"> • peer-reviewed publications as first-author and co-author • prior funding for research training and research that includes internal and external awards • Regional and/or national presentation of research 	<p>A developed program of research and scholarship as evidenced by:</p> <ul style="list-style-type: none"> • A significant level of external funding on peer reviewed, highly competitive awards • A consistent and building record of first-authored and co-authored peer reviewed research-based publications • Impact of publications on the field using current metrics • A mix of interdisciplinary and nursing specific publications • Mentoring of students at all levels in research 	<p>A developed and <u>sustained</u> program of research; as evidenced by:</p> <ul style="list-style-type: none"> • Sustained significant level of externally funded, peer reviewed, highly competitive awards; • Publication of first-authored and co-authored peer reviewed research-based publications • Impact of publications on the field using current metrics • A mix of interdisciplinary and nursing specific publications • Mentoring of junior faculty and post doctoral fellow with co-authored publications ; • Mentoring of students at all levels with co-authored publications; • Serving on expert panels • National/international recognition for scholarly contributions to the science
Service		
<p>Demonstrates potential for involvement in service</p> <p>At the College Level:</p> <ul style="list-style-type: none"> • Expressed interest in facilitating the college operations and activities, such as committee membership where appropriate <p>Professional Services:</p> <ul style="list-style-type: none"> • Membership in professional associations relevant to research program at state and national levels. • Membership in appropriate regional and national research networks and professional organizations. 	<p>Demonstrated pattern of effective service by participation and beginning leadership activities in professional activities. Beginning national service is expected.</p> <p>At the College Level</p> <ul style="list-style-type: none"> • Actively participates in recruiting students and faculty for the college. • Serves on graduate students committees in the college <p>Professional Services</p> <ul style="list-style-type: none"> • Actively participates in professional associations at state, national, and international levels, e.g., manuscript review, special committees, task forces, advisory committees. <p>Manuscript review</p> <ul style="list-style-type: none"> • Participates in regional and national 	<p>Demonstrated continuing pattern of leadership in professional activities.</p> <p>At the College and University Services</p> <ul style="list-style-type: none"> • Facilitates the ongoing function of college operations and activities • Actively participates in recruiting students and faculty for the college. • Serves on graduate student committees in the college and serves on committees in other university departments. <p>Professional Services</p> <ul style="list-style-type: none"> • Provides leadership to professional associations at state, national, and international levels, e.g., holding office, editorial responsibilities, , special committees, task forces, advisory

	<p>research networks for service, research, scholarship, and continuing education.</p>	<p>committees.</p> <ul style="list-style-type: none"> • Leadership roles in regional and national research networks for service, research, scholarship, and continuing education. • Provides consultation and contributes to policy making boards of community, government, and health care agencies, at local, state, national and international levels. • Provides professional services to peers, including reviewing course materials, manuscripts, proposals, and evaluations of instruction and research.
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Our vision

The Ohio State University College of Nursing is the world's preeminent college known for accomplishing what is considered impossible through its transformational leadership and innovation in nursing and health, evidence-based practice and unsurpassed wellness.

Our mission

We exist to revolutionize healthcare and promote the highest levels of wellness in diverse individuals and communities throughout the nation and globe through innovative and transformational education, research and evidence-based clinical practice.

Our core goals

Produce the highest caliber of nurses, leaders and health professionals equipped to effectively promote health, impact policy and transform healthcare across culturally diverse individuals, groups and communities.

Transform healthcare to positively impact and sustain wellness through transdisciplinary and innovative education, research and evidence-based clinical practice.

Ensure that all students, faculty, and staff engage in healthy lifestyle behaviors and promote the highest levels of wellness in diverse individuals, groups and communities.

Foster collaborative, entrepreneurial initiatives with local, national and international partners to improve healthcare and health outcomes.

Support faculty, staff and students to achieve their highest career aspirations by sustaining a positive and extraordinary culture of wellness and excellence to the point where everyone wants to come here to teach, conduct research, practice and to learn.

Our core values

Excellence

Curiosity and intellectual rigor

Openness, trust and respect

Empathy and compassion

Transformational and innovation leadership

Collaboration and authenticity

Integrity and personal accountability

Diversity in people and ideas

Personal and professional wellness