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**Guidelines for Clinical-Track Faculty
Relating to Appointment, Review, and Promotion**

**Department of Epidemiology
College of Public Health
University of Iowa**

I. General Principles

1. All rules and procedures of the University of Iowa and the College of Public Health will be followed, as they apply to clinical track faculty. They are not necessarily repeated in this document.
2. Periodic review of clinical track faculty will take place with full cognizance of the mix of academic activities and the “portfolio” agreed upon by the faculty member and the Head of the Department, thus forming a basis for the structure of expectations.
3. Evaluation of the quality of clinical track faculty performance is based on the same criteria as those of tenure track faculty, except that research activities are not necessary a part of performance evaluation. However, if the clinical track faculty member is performing research in the conventional sense, the quality of that research will be held to the same standard as that of tenure track faculty.
4. Changes in the Department’s overall budget, projected enrollment, or research and educational priorities also play a key role in decisions on appointment, reappointment, promotion and termination of clinical track faculty. This principle is intended to be consistent with University policy as stated in OM (III-10.9h(1)(b)).
5. A level of performance that was sufficient for promotion in the past may not be sufficient now, and the level of performance that is sufficient now may not be sufficient in the future.
6. Clinical track faculty are often appointed for performance of specific duties in addition to teaching and student mentorship, such as program administration or public health practice activities. The evaluation of professional productivity and performance should be in relation to the specific duties that are specified in the appointment contract, though additional contributions not specifically noted can be considered for additional merit.

II. Definition of Clinical Track Faculty in the College of Public Health

The clinical track faculty appointment code is used for appointments of renewable-term faculty whose instructional activities and service are in programs subject to professional accreditation that require extensive supervision of practicum or internship experiences and whose professional development expectations do not include research of the sort expected of tenure-track faculty.

Terms of Appointment

Clinical-track faculty appointments are limited term appointments. Initial appointment will be for a one-, two-, or three-year term. The first three years are considered “probationary.” Reappointment after the initial three years of appointment is for a three-year term, although a two-year reappointment term is mandated for appointments at the instructor rank. Reappointment terms for up to seven years are possible for appointments at the associate professor and full professor ranks after at least three years of service at The University of Iowa, if departmental faculty and the Dean deem a longer term appropriate for the individual and the circumstances of the program served.

Review of Clinical Track Faculty

All clinical-track faculty will be reviewed annually throughout the probationary period, generally one to three years in duration. After three years, or prior to that if a promotion is contemplated, a full-scale, departmental-collegiate review will be completed (Operations Manual, III-10.9.d(1)). Reappointment may then be made for three to seven years thereafter. University policy requires that the department establish written performance standards for the position. Reviews will be carried out according to procedures established by the department for clinical faculty review, using the position description and the performance standards for the position. The review will be forwarded to the Office of the Associate Dean for Research and Academic Affairs, as well as being shared with the clinical track faculty member. Departmental recommendations on reappointment are subject to Collegiate review.

Responsibilities

Clinical or other supervision, program oversight, and related teaching are assumed to take at least 60% of the working hours of a clinical track faculty member, with professional development 20% and service 20% for the average appointee in this category. The position does not have a mandated research component nor expectation of research accomplishments, although professional development and professional service may involve research in some cases. Although clinical track faculty do not automatically become members of the Graduate Faculty, it may from time to time be appropriate to request temporary Graduate Faculty status for service on a particular graduate committee; the College must endorse such a request from a department.

Rights

The clinical track faculty member will participate in the faculty governance process as defined by the University, the College, and the department. For collegiate policy on voting and election rights, see the College’s Manual of Procedure, Article I. The following is excerpted from the College of Public Health’s Operations Manual:

I. Criteria for Review and Promotion of Clinical Track Faculty

The general qualifications for faculty appointment at (or promotion to) specific ranks, consistent with the operations manual (OM III 10.9.e) are:

1. *Instructor*

- a) S/he must hold a doctorate, its equivalent, or suitable professional degree.
- b) S/he must show promise of ability as a teacher.

- c) S/he must show promise of excellent professional productivity through activities such as public health practice; public health program administration; productivity in the field as evidenced by peer-reviewed or non-peer reviewed reports, proceedings, publications, or presentations; or other performance of duties as contractually specified.

2. *Assistant Professor (Clinical)*

- a) S/he must hold a doctorate, its equivalent, or suitable professional degree.
- b) S/he must show evidence of ability as a teacher.
- c) S/he must show promise of excellent professional productivity through activities such as public health practice; public health program administration; productivity in the field as evidenced by peer-reviewed or non-peer reviewed reports, proceedings, publications, or presentations; or other performance of duties as contractually specified.

3. *Associate Professor (Clinical)*

- a) S/he must hold a doctorate, its equivalent, or suitable professional degree.
- b) S/he must have an acknowledged record of teaching success, which may include a record of successful direction of the work of graduate students where applicable.
- c) S/he must demonstrate a substantial record of professional productivity through activities such as public health practice; public health program administration; productivity in the field as evidenced by peer-reviewed or non-peer reviewed reports, proceedings, publications, or presentations; or other performance of duties as contractually specified.

4. *Professor (Clinical)*

- a) S/he must hold a doctorate, its equivalent, or suitable professional degree.
- b) S/he must have an acknowledged record of sustained teaching success, including a record of successful direction of the work of graduate students where applicable.
- c) S/he must have an established record of professional productivity through activities such as public health practice; public health program administration; productivity in the field as evidenced by peer-reviewed or non-peer reviewed reports, proceedings, publications, or presentations; or other performance of duties as contractually specified.

Promotion

1. Salaried clinical track faculty. The question of promotion of clinical track faculty may be brought up during any regular promotions cycle. Promotion of salaried clinical track faculty will follow University and collegiate "Procedures for Clinical-Track Promotion Decision Making at The University of Iowa." All recommendations for promotion of salaried clinical track faculty are submitted to the Board of Regents for approval.
2. Non-salaried clinical track faculty. Procedures and criteria for the promotion of nonsalaried clinical track faculty shall be adopted by individual colleges and approved by the Office of the Executive Vice President and Provost. The provisions of III-10.5 and those regarding salaried clinical faculty described herein do not apply.

Termination and non-renewal

1. Salaried clinical track faculty

- a) Termination of salaried clinical track faculty during the term of the appointment must be for failure to meet written standards of competence and performance established by the unit and the University.
- b) A decision not to renew an appointment of a salaried clinical track faculty member may be for failure to meet written standards of competence and performance established by the unit and the University, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal for changed economic circumstances or program needs may only occur at the conclusion of an appointment, and must carry appropriate notice.

A decision for termination or non-renewal of salaried clinical track faculty is subject to the provisions of the Faculty Dispute Procedures. (See OM III-29).

2. Non-salaried clinical track faculty. Grounds and procedures for the termination or non-renewal of non-salaried clinical faculty shall be adopted by individual colleges and approved by the Office of the Executive Vice President and Provost. Decisions to terminate or not renew non-salaried clinical track faculty appointments will be reviewed by the dean of the college in which the faculty member was appointed. However, because non-salaried clinical track faculty are not considered employees of the University, such decisions are not subject to the provisions of the Faculty Dispute Procedures.

I. Department of Epidemiology—Evaluation Criteria Defined

Department Criteria

Promotion decisions are based on a record of achievement in teaching and service. Of course, the specific elements of performance in teaching and service that reflect a level of achievement worthy of promotion are subjective. Any evaluation process must be sufficiently flexible to encompass differences across faculty in disciplinary training, teaching assignments, and research expertise. It is a multi-decision process where the dossier and documentation become the ultimate means of judging proficiency and competency.

Performance Expectations

Service

1. General criteria as stated in the operations manual:
“From time to time, a faculty member is called upon to render major professional services to the University or to society in general. Such contributions should be evaluated in terms of the effectiveness with which the service is performed, its relation to the general welfare of the University and its effect on the development of the individual.” (OM III 10.2(c))
2. Key indicators of service performance for Epidemiology:
 - a) Leadership or related contributions for programs of public health education or practice
 - b) Service on departmental, collegiate, or university-level committees

- c) Service as a journal peer-reviewer
 - d) Service on an NIH/AHRQ/VA/CDC or similar study section
 - e) Service on the editorial board of a journal in the field
 - f) Service as a journal editor (includes assistant and associate editorship)
 - g) Service on committees, task forces, or other service for a scientific or professional organization
 - h) Service as an elected or appointed officer of a scientific or professional organization
 - i) Departmental or multidisciplinary center administration
 - j) Administrative activities associated with grants/contracts and research centers
 - k) Participation on boards or task forces at the community, regional, national, or international level
 - l) Participating in the development of guidelines for practice or research at the national or international level
 - m) Service to the State of Iowa or other governmental entities
 - n) Service to the public in the state of Iowa, the nation, or internationally through the planning or presentation of educational programs
3. Candidates for promotion to **clinical associate professor** are expected to demonstrate a trend toward increasing service effort.
 4. Candidates for promotion to **clinical professor** should have a demonstrated record of achievement in service.

Teaching

1. General criteria as stated in the operations manual:

“The prime requisites for an effective teacher are intellectual competence, integrity, and independence; a willingness to consider suggestions and to cooperate in teaching activities; a spirit of scholarly inquiry which leads to the development and strengthening of course content in the light of developments in the area of interest, as well as to improve methods of presenting material; a vital interest in teaching and working with students and, above all, the ability to stimulate their intellectual interest and enthusiasm. The quality of teaching is admittedly difficult to evaluate. This evaluation is so important, however, that recommendations for promotion should include evidence drawn from such sources as the collective judgment of students, of student counselors and of colleagues who have visited the individual classes or who have been closely associated with the person’s teaching as supervisor or in some other capacity, or who have taught the same students in subsequent courses. Academic counseling or advising of students should be recognized as an important component of the teaching process, and due credit should be given to faculty members who exert an unusual effort in this function.” (III 10.2(a))
2. Key indicators of teaching performance for Epidemiology:
 - a) Peer evaluations of teaching
 - i. Required and documented adequacy of teaching quality
 - b) Teaching awards or other recognition of teaching excellence
 - c) Teaching development or improvement activities
 - i. Professional course development or major revision
 - ii. Continuing education in teaching methods
 - iii. Publication of teaching or curriculum methods or evaluation
 - d) Successful mentoring of students
 - i. Candidates for promotion from **clinical assistant** to **clinical associate** professor are expected to devote less effort to mentoring students. Faculty at the rank of clinical

assistant professor should contribute to mentoring students to the extent possible, for example as a member of a student's thesis dissertation committee, a preceptorship project mentor, a practicum mentor if appropriate, or a mentor in practice settings including but not limited to public health laboratories. Service on Masters' thesis or dissertation committees is not necessarily expected of clinical track faculty, who are not considered members of the graduate faculty except by special appointment, but it is one form of evidence of student mentorship. Because of the interdisciplinary aspect of epidemiology committee membership may include dissertation or thesis committees in other Departments or Colleges within the University. Expectations of service as a research preceptor or practicum mentor depends on the nature of the faculty member's appointment, but are more consistent with clinical track appointments than an expectation to serve on a thesis or dissertation committee. Given the diverse nature of clinical track appointments and responsibilities, student mentorship can be demonstrated by diverse types of activities appropriate to the individual's unique responsibilities as specified in the contract.

- ii. For candidates for promotion from **clinical associate** professor to **clinical professor**, success as a mentor of students is an important component of teaching performance. Again, this mentorship may be demonstrated by diverse types of activities appropriate to the individual's unique responsibilities.
- e) Student evaluations, both numerical and open-ended comments
- i. Student evaluations are to be interpreted based upon class size, teaching format and level of the students. Factors likely to affect student evaluations for specific courses must be taken into account. When possible, evaluations for an instructor of a required course should be compared to evaluations of other instructors of the same course.
 - ii. The distribution of scores from student evaluations is more informative than simply examining means, particularly in small classes. For example, a rating of "3" by 100% of students is not the same as a bimodal distribution of "5" or "1" by 50% each. Also, a mean of "4" in a class of 5 students is not the same as a mean of "4" in a class of 30 students).
 - iii. Supplemental teaching evaluations are encouraged and will be considered in addition to required evaluations.
- f) Professional post-graduate education
- i. Directing or teaching courses/symposia to students and trainees in epidemiology, public health and other colleges (medical, pharmacy or nursing students, medical residents or fellows)
 - ii. Directing or teaching of continuing education courses/symposia for professional audiences such as public health practitioners, physicians, pharmacists, nurses, etc.

Scholarship and Research

Clinical-track faculty members generally do not have a required research component or expectation of research accomplishments, although professional development and professional service may involve scholarship or research in some cases. If the clinical track faculty member is developing and demonstrating scholarly activity, the quality of that research will be held to the same standard as that of tenure track faculty, which is detailed elsewhere. The scholarly activity might consist of educational materials, presentations, publications, funding and recognition at the local, state, national and international levels. The scholarship or research may be related to the clinical or service activities that typically comprise a significant portion of the duties of clinical track faculty, though they may include unrelated research in some cases.

Clinical track faculty are not necessarily required to produce scholarly publications or products, or conduct research. This depends on their contractually-specified duties. If scholarship or research is expected as part of their contractually-specified duties, then the following should be taken into consideration.

The Epidemiology faculty is diverse in terms of their disciplinary backgrounds and scholarship or research focus areas. Also some of the scholarship or research involves state, national or international collaborations. These factors of publication policies and publication as a cooperative group should be considered through the impact of the scholarship or research. The usual qualitative and quantitative benchmarks for research productivity (such as the total number or number of “co-authored” publications) **may** not be applicable and must be taken into account with the research conducted. No differential between multi-authored and solo authored papers will be considered. The faculty member should indicate his/her contribution to the multi-authored paper and how this paper is a part of his/her research expertise. The level of productivity in scholarship that is considered satisfactory depends on the extent to which this is a contractually-specified duty.

Scholarship activities will be assessed according to a relative priority. It is expected that products be documented in the dossier to understand the complete scope of the scholarly interest. The portfolio is not specific to composition but may be adapted for the faculty member’s work.

a) Priorities of scholarship-related productivity are as follows:

Very High importance (Since these products typically do not undergo formal peer review, they should be reviewed and evaluated for their importance, quality, relevance of the contribution and public health impact.)

- Educational materials
- Reports and presentations for professionals
- Public health reports and documents

High importance

- Peer-reviewed journal articles
- Books on education, practice, or research
- Invited presentations, scientific conference
- Peer-reviewed presentations
- Textbook, editor
- Chapters
- Invited presentations, public health conference

- Poster presenter, national or international conference
- Visiting professor
- Invited editorials

Medium importance

- Poster presenter, regional conference
- Technical reports
- Laboratory/technical manual
- Technical development and patents

Lower importance

- Non-peer reviewed manuscripts/letters to journals
- Service or education website
- Progress reports

Other indicators of research productivity include:

1. Partnership development/Cooperative networks
2. Policy Development
3. Interdisciplinary research
4. Elected membership or fellow status in national or international organization
5. Selection and serving on peer review panels
6. National scientific committee membership
7. Awards from National/International Organizations

External reviewers

External reviewers are called upon to provide input on the promotion and tenure of tenure-track faculty. The primary role of these reviewers is to evaluate the candidate's contributions in research and scholarship. Research is not typically a primary responsibility of clinical-track faculty, so they should not be held to the same standard of advancing scientific knowledge as tenure-track faculty. Therefore, external reviewers will not be part of the standard evaluation processes for clinical-track faculty promotion.

However, clinical-track faculty members may wish to call upon external individuals in their field to describe the importance of their contributions in scholarship, service, or practitioner teaching. Clinical-track faculty may provide external letters of support from such individuals as part of their promotion dossier.

(Additional guidance on clinical track performance expectations for specific ranks, review procedures for clinical track faculty with joint appointments, and a definition of professional productivity can be found in Appendices O, P and Q of the College of Public Health Faculty Handbook.)