OREGON STATE UNIVERSITY

GUIDELINES FOR CLINICAL FACULTY APPOINTMENTS AND PROMOTION

The faculties of the colleges and schools of pharmacy at the University of Georgia, the University of Maryland, Mercer University, The University of Michigan and the University of Washington are acknowledged for permitting use of their promotion documents. In addition, the faculties at the University of Idaho, Texas A & M University and Washington State University are acknowledged for permitting use of their promotion documents with regard to psychologists and student affairs faculty.

The Promotion and Tenure Guidelines of Oregon State University were relied upon heavily in terms of defining the broad areas and diversity of responsibility of Oregon State University faculty.

I. GENERAL PURPOSE

The purpose of these guidelines is to provide criteria and procedures for evaluation and promotion of clinical track faculty at Oregon State University. These guidelines serve to define and differentiate clinical track faculty appointments from the traditional academic (tenure) track. These guidelines are consistent with the Promotion and Tenure Guidelines of Oregon State University, particularly as they related to promotion, and will be implemented in conjunction with those guidelines. These guidelines should not be interpreted to alter the provisions of Board rules on fixed term appointments.

II. ACADEMIC POSITIONS

This document defines the broad range of responsibilities of clinical faculty at Oregon State University and serves to provide guidance to clinical faculty in assessing the appropriateness of their activities. The scope of responsibilities outlined in the mission statement of Oregon State University dictates that the faculty be comprised of individuals with widely varying activities and responsibilities to fulfill the mission of the University.

In recognition of this, Oregon State University recognizes several faculty categories. Each category is created to be unique to the responsibilities and expectations of faculty within, but nothing in this document is to imply a hierarchy of importance between tenure track and clinical track faculty.

Clinical Track Faculty

The mission of Oregon State University in preparing students at the professional doctoral level, masters level, and baccalaureate level requires that some faculty be excellent clinicians and educators, with a significant responsibility toward both. Position titles include Clinical Instructor, Clinical Senior Instructor, Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor. The clinical track classification is to be used only for faculty who are engaged almost entirely in clinical practice and teaching, though, scholarship and
university service is expected. Development of an independent research program is not essential, and most scholarship activities are expected to contribute to professional issues or program development. Clinical track faculty are not eligible for tenure.

III. PROCEDURES FOR INITIAL APPOINTMENT OF CLINICAL TRACK FACULTY

The process for identifying and evaluating candidates for initial appointment to clinical track positions will follow the same faculty search committee procedures as for traditional academic (tenure) track appointments. Announcements and position descriptions will clearly state the nature of the position.

Clinical track faculty appointments are fixed term for a period of one year. Reappointment is at the discretion of the department head/dean.

Candidates for appointment at the rank of Clinical Instructor are expected, at a minimum, to demonstrate competence in clinical care, teaching and educational development, scholarly activities, and service as appropriate to the discipline. Candidates for appointment or promotion to the rank of Clinical Assistant Professor and above are expected to demonstrate a balance of accomplishment and competence in clinical care, teaching and educational development, scholarship, and service to the College and profession and to establish a local, regional or national reputation as making significant contributions appropriate to the rank and discipline.

Faculty members in the clinical track will be evaluated annually by the department head. The evaluation will include an assessment of the individual's involvement in educational programs, student teaching/counseling evaluations, scholarship and service contributions. When a faculty member wishes to be considered for promotion he or she will submit a dossier, and the department head will make a recommendation to the unit Personnel Committee (Promotion and Review Committee) and ask for its evaluation of the faculty member's progress. The Personnel Committee (Promotion and Review Committee) will recommend whether or not to promote. Reviews and recommendations at the college and university levels will follow procedures established by the Oregon State University Promotion and Tenure Guidelines as applicable to promotions. The Provost will make the final decision on whether or not to promote.

IV. CLINICAL FACULTY RESPONSIBILITIES AND EVALUATION

Teaching

The central role of teaching is clearly articulated in the mission of Oregon State University. Clinical faculty engage in a variety of teaching responsibilities which may include: teaching credit courses; supervising the clinical work of students, interns, or post-graduate associates; providing non-credit programs and workshops, distance-learning programs, seminars, and continuing education. In addition some faculty may direct undergraduate and graduate projects, internships, and serve on master and doctoral committees, as well as mentoring undergraduate and graduate students and postdoctoral associates. When teaching is part of the faculty assignment, effectiveness in teaching is an essential criterion for appointment or advancement. Faculty must demonstrate command of their subject
matter, continuous growth in the subject field, and ability to organize material and convey it effectively to students. The five areas of effective teaching and thus areas of assessment include: Communication Skills, Stimulation of Thinking, Interaction with Students, Knowledge, and Course Management. Examples of criteria to be used in evaluation of these areas include:

**Communication Skills**-enthusiastic and dynamic, good speaker with good delivery, clear and concise presentation of material, excellent in one-to-one and small group discussions.

**Stimulation of Thinking**-utilizes teaching methodologies that facilitate development of the students' decision-making and problem-solving skills and the synthesis, evaluation and application of knowledge; stimulates students to pursue professional interests beyond the minimum requirements in the classroom, practice site, and laboratory.

**Interaction with Students**-Motivates students, sensitive to student needs, demonstrates patience, fair and impartial, attentive to student comments and questions, skilled in observing student reactions.

**Knowledge**-Is knowledgeable of current concepts and new developments in the discipline and incorporates them in course materials; discards outmoded concepts or places them in proper perspective.

**Course Management**-Develops course objectives, and presents them to students; teaches and tests consistently with course objectives; develops and uses educational materials properly.

Evaluation of teaching is based on a combination of peer evaluations and learner or participant evaluation. Peer evaluations should be based both on observation of teaching and on review of course-related materials. It is expected that the candidate will have consistently documented good to excellent ratings in teaching to be promoted.

**Documentation**

It is the responsibility of the faculty member to provide in the dossier the following documentation of teaching performance:

1. Provided by the candidate:

   ♦ A self evaluation (portfolio) documenting teaching performance, competence, and description of future plans. Information should include course syllabi, course objectives, samples of handouts or other teaching aids, and samples of examinations and/or other evaluation instruments.

   ♦ Evidence of attendance at professional and scientific meetings/conferences.

   ♦ Evidence that the clinical practice activities are used as a model for teaching.

   ♦ Any other material or information which may be helpful in the evaluation process. Examples are teaching awards, authorship of textbooks or other teaching materials, participation in teachers' seminars, participation in visiting or exchange teacher programs, and evaluation of presentations from programs presented to practitioners or other university constituencies.
2. Provided by students:
   ♦ All summary instructor and course evaluation reports or other appropriate systems submitted by students for each course taught will be supplied via the dossier.

3. Provided by peers:
   ♦ Peer evaluation of teaching performance is a valuable tool in providing feedback to faculty. As methods are developed and standardized, such evaluations will be supplied to aid in assessment of teaching competence.

Advising
Faculty involvement in advising students is an essential part of the teacher/learner relationship. Clinical faculty may have significant expectations to serve as advisors for students. These duties may include but are not limited to:

- Faculty advisor for student groups;
- Career development advising;
- Academic Advising;
- Academic Success and student development advising.

Documentation
The faculty member should list achievements in all appropriate categories based on position description.

Clinical Practice
Clinical practice is recognized as an important and essential component of a clinical faculty member's career development and position responsibilities. Clinical faculty are required to develop and maintain a clinical practice.

The application of knowledge in the clinical setting in order to optimally influence the delivery of health care to patients and clients is an essential feature of the clinical faculty's role within Oregon State University. In addition, attention to the many legal and ethical dimensions of health care delivery and patient/client care is an essential component in the practice world. The clinical faculty are diverse in terms of clinical areas of expertise and training as well as in assignments: laboratories, health care facilities, classrooms, health care administration, and student services.

Clinical faculty must provide evidence that the practice has a demonstrable effect on health care outcomes within a practice setting, that the practitioner is an essential member of the practice group, and that there is continuous professional growth in the practice area.

Evaluation of clinical practice for clinical faculty is based on a combination of systematic peer evaluations, documented clinical interventions and outcomes, self-evaluation of practice activities, evaluation by those served by the clinical practice, and where appropriate, evaluations from individuals both on and off campus who are familiar with the faculty member's practice activities.

Examples of clinical practice evidence appropriate for evaluation includes but is not limited to:
- Evidence that the practice has had and will continue to have demonstrable effect on health care outcomes within a practice setting.
- Evidence that the practice has influenced the nature of other types of health care delivery toward more optimal delivery of health care.
- Evidence that the practitioner is an essential member of the practice group.
Evidence that the practitioner is recognized by peers locally, regionally, or nationally commensurate with academic rank.

Evidence of establishment of new or innovative types of patient care services.

Evidence of faculty development activities which enhance level of practice such as licensure and board certification.

**Documentation**

The faculty member should list achievements in all appropriate categories based on position description. In addition the following materials as appropriate should be provided in the dossier:

- A self-evaluation of service, including a description of the practice activities and percentage of time devoted in all areas.
- Documented evaluations of clinical service projects.
- Documented clinical intervention and outcomes.
- Names and addresses of individuals both on and off campus who are familiar with the faculty member’s clinical service activities (e.g., clinical coordinator, committee chairs, coordinators or chairs of meetings or activities in which the faculty member participated, other health care professionals).
- Critical evaluation by other health care professionals, clinical supervisors, attending physicians, and/or house staff.
- Any other documents which will support the candidate's statements regarding the categories of evaluation.

**Scholarship and Creative Activity**

All Oregon State University faculty in the professorial ranks have a responsibility to engage in scholarship and creative activity. Scholarship and creative activity are understood to be intellectual work whose significance is validated by peers and which is communicated. In general, scholarly expectations for clinical track faculty will be between 5 and 15% of the individual's total position expectations. This level of scholarly expectation differs from tenure track faculty who have relatively larger scholarly expectations.

The appropriateness and importance of the type of scholarship will vary with the expectations of the position. The principle of peer review and recognition becomes increasingly important as the faculty member progresses through academic ranks. In the case of clinical faculty, emphasis is placed on peer recognition as a practitioner-educator. The peer recognition results from scholarly accomplishments that can take many forms. The order of examples is not intended to rank importance. While publication in peer reviewed journals is the most traditional form of scholarship, clinical track publications might more commonly encompass description and evaluation of novel patient care services, program development and innovation, outcomes of innovative programs and/or services, definitive therapy reviews, or case reports among others. Authorship of professional practice guidelines, textbooks, book chapters, monographs, videotapes, extended learning materials, or other educational materials is considered appropriate. Invited presentations, poster and podium presentations, and published abstracts at state and national levels are other examples of scholarship, provided that evidence of peer validation is provided. Advising government agencies, industry, or professional groups are all considered evidence of scholarship. Authorship of a patent in the faculty member’s field is considered as evidence of creative scholarship.
Honorary degrees, awards recognizing professional and/or scientific achievements, and fellowship in national professional and/or scientific organizations are all considered recognition by peers of the candidate's contributions. The candidate's role in multiauthored publications must be addressed.

**Documentation** It is the faculty member's responsibility to provide documentation of scholarly and creative works in the dossier.

**Service**

All faculty are expected to engage in service to the University and its constituents, the community, and the professional discipline. Service is central to the mission of a land-grant institution. Examples include but are not limited to: In-services provided to health care professionals, committee/task force memberships, chairpersonships, recruitment of faculty and students, mentoring students and student groups, and service in faculty governance. In addition, service to the professional discipline is identified by time and effort given to local, state, regional, national, or international professional organizations and/or publication. Examples include: continuing education programs, organizational offices, committee involvement, task force reports/policy statements, editorial board/referee/reviewer for professional or scientific publications.

Public service related to the faculty member's assignment and that draws upon the professional expertise of the faculty member or that significantly fosters university relations is valuable to promotion decisions. Examples include: Discipline-related community service projects, invited presentations to the lay public, consultation with community health-care agencies. Honors and awards recognizing professional, scientific, and/or clinical service achievement would also be included in the Service area.

**Documentation**

It is the responsibility of the faculty member to provide the documentation of the activity in all of the above categories in the dossier.

**V. CRITERIA FOR PROMOTION**

**Criteria for Promotion from Clinical Instructor to Clinical Senior Instructor**

Criteria for promotion within this rank will follow the guidelines established in the Oregon State University Promotion and Tenure Guidelines.

**Criteria for Promotion from Clinical Assistant Professor to Clinical Associate Professor**

In general, a requirement for promotion to Clinical Associate Professor is achievement of regional, statewide or national recognition as a practitioner-educator. Promotion to the rank of Clinical Associate Professor is based upon the candidate's:

- Demonstrated effectiveness in teaching including communication skills, stimulation of thinking, interaction with students, knowledge, and course management.

- Demonstrated effectiveness in clinical practice that has had and will continue to have demonstrable effect on outcomes within a practice setting.
• Achievement in scholarship and creative activity that is recognized as contributing to the body of knowledge in the practice discipline.

• Appropriate institutional, public, and professional service.

Criteria for Promotion from Clinical Associate Professor to Clinical Professor
In general, a requirement for promotion to Clinical Professor is achievement of national recognition as a practitioner-educator. Promotion to the rank of Clinical Professor is based upon evidence of the candidate’s:

• Distinction in teaching, as evident in continuing development and sustained effectiveness in communication skills, stimulation of thinking, interaction with students, knowledge, and course management.

• Distinction in clinical practice, as evidenced by professional recognition in the specific discipline.

• Distinction in scholarship and creative activity relative to the specific discipline.

• Exemplary institutional, public, and/or professional service.

Evidence of national recognition may include but is not limited to:
❖ Sustained contribution to a discipline;
❖ Invited lectures at national scientific or professional meetings;
❖ Invited chapters in textbooks;
❖ Honors or awards from national organizations;
❖ Service on editorial boards;
❖ Service as a reviewer for professional/scientific publications;
❖ Consultantships;
❖ Relevant comments from external reviewers;
❖ Elected/appointed to leadership positions in the profession/professional organizations.

VI. CLINICAL FACULTY DOSSIERS

Preparation of the dossier for clinical track faculty will be consistent with the Oregon State University guidelines for traditional academic (tenure) track faculty utilizing the documentation of clinical practice components and achievements.