Advisory Guideline Title: Guidelines for the Promotion of Clinical Faculty

Applies to: All clinical faculty including non-tenure track who are full or part-time as well as faculty not employed by WSU (i.e., unpaid adjuncts).

Date: 7/21/2017

1.0 Guidelines for the Promotion of Clinical Faculty

The clinical faculty contribute to the teaching, scholarship and service missions of the Elson S. Floyd College of Medicine (ESFCOM). Depending on their role in the ESFCOM their contributions may differ. Faculty are appointed in the Clinical Assistant, Clinical Associate, and Clinical Professor ranks. Each Department within the ESFCOM will have its own more detailed policies and expectations regarding clinical faculty. Requests for appointments or promotion of clinical faculty are made to the Dean and the Faculty Rank, Promotion, and Tenure Committee (FRPT) through Department Chairs or Associate Chairs (e.g., at clinical campuses). Appointments at the rank of Clinical Assistant Professor do not require review by the FRPT.

The ESFCOM may make clinical faculty appointments to best serve programmatic needs by appointing persons whose expertise would benefit its mission. While Clinical Faculty are encouraged to contribute to teaching, scholarship, and service, it is understood that based on their varying roles they may place more or less of an emphasis on one of these areas. For instance some clinical faculty may focus primarily on teaching while others may focus primarily on scholarship. One goal of the ESFCOM is to promote a culture of collaboration, collegiality, and diversity. Therefore, promotion materials should describe how the candidate has partnered with other Colleges and Universities, as well as faculty at other universities and community partners if appropriate through their teaching, scholarship and service. Evidence of involvement in College activities, such as continuing to attend college sponsored education activities, grand rounds, and other department or college-wide activities may also demonstrate collegiality.

The clinical track provides for advancement in rank from Assistant to Associate to Full Professor. Clinical track appointments are from one to three years and renewable, contingent upon the needs of the Department and the ESFCOM and satisfactory performance. An unsatisfactory annual performance review may lead to a one year terminal appointment. The promotion procedures for Clinical Faculty are similar to those established for tenure-track appointments, except that external reviews (letters of recommendation from external referees) are not required. It is up to each department as to whether or not letters are included as part of promotion materials. Criteria for promotion of clinical faculty are described below.
2.0 Definitions

Annual Review: Annual review forms are submitted by the Chair/Associate Chair for all faculty who have not submitted a resignation or a plan for retirement effective the year of the review. Principal Investigators who provide funding to or supervise the faculty member will provide input. Reviews are also required for all temporary faculty on grant funding, such as postdocs, who may be eligible for salary increases if salary money were available and they were reappointed. Reviews are usually completed via a designated WSU-wide faculty electronic system (for example, WORQS, Digital Measures, etc.) and sent to HR. The period of each annual review is from January 1 to December 31, and is submitted to the Office of the Provost by May 1 of the following year. The annual review provides feedback relative to the department expectations, and guides critical personnel decisions. Faculty are to be evaluated in terms of their performance during the individual year in question, in relevant areas (e.g., teaching, research/scholarship, service, outreach and engagement, etc.), as designated by the department. References should be made to research, publications, clinical innovations and clinical mastery, student evaluations and other indicators of quality performance.

The following merit system is usually used:

- Especially meritorious performance
- Strong performance beyond satisfactory
- Satisfactory
- Some improvement needed
- Substantial improvement needed

The numeric rating and the narrative review of each faculty review must be consistent. The evaluation should include goals for the upcoming year, and the evaluator and the evaluated faculty member must agree that the goals for the upcoming year are reasonable. Those goals would serve as the basis for the annual review in the upcoming year.

The Faculty Manual requires that comparative feedback must be provided to faculty in the form of the mean and standard deviation of the merit ratings for all faculty in the department or unit/campus, for all departments and units with more than four faculty. These summary statistics must appear on the final annual review form provided to the faculty member.

Upon annual review completion, the faculty review is forwarded to the ESFCOM Dean and (as applicable) to the appropriate Vice Dean or Regional Dean. Each faculty member must be given a copy of their annual review. The faculty member must be given at least two working days to sign the review indicating that they have read the review and discussed it with their supervisor. The faculty member may append comments to the report. An acknowledgement that the appended statements have been reviewed by the supervisor and evaluator should be provided within 15 working days. Dissenting reviews must be forwarded through the Dean to the Office of the Provost.
3.0 Responsibilities

**FRPT Committee:** Abridged reviews, comprehensive reviews and intensive reviews will not be sent to the College FRPT for review.

**Provost’s Office:** Annual review forms for each college or unit will be forwarded to the Provost, along with a roster of all faculty required to undergo an annual review, indicating whether the review was intensive, comprehensive, or abridged, and the ratings assigned.

4.0 Procedures

Candidates for promotion shall be evaluated in accordance with the guidelines outlined in the Faculty Manual of Washington State University. Specific criteria and procedures for promotion of clinical faculty are elaborated below. Some faculty may place greater emphasis on one or another activities and may be less involved in others. Each candidate should work with their Chair (or Associate Chair at clinical campuses) to determine what materials are needed for promotion.

**Promotion to Clinical Associate Professor:** Consistent with the Faculty Manual, clinical assistant professors typically are not considered for promotion to clinical associate professor prior to the sixth year of service at the rank of clinical assistant professor. Exceptional candidates may be offered the opportunity to advance in rank prior to the sixth year of service. If promotion to Clinical Associate Professor is not pursued or is not granted, faculty may remain at the rank of Clinical Assistant Professor and be reappointed to subsequent terms at that rank after their sixth year of service, contingent upon satisfactory performance and based on department and ESFCOM need. Clinical associate professors will have established themselves as excellent teachers, clinical supervisors and clinicians, and scholars and provided substantial service to their department, college, University, profession, and community.

**Promotion to Clinical Professor:** Time in rank is not a sufficient basis for promotion to Clinical Full Professor. Consideration for promotion is based on the quality of the candidate’s cumulative record. The individual faculty member holding the rank of Clinical Associate Professor may initiate their promotion to Clinical Full Professor. Faculty promoted to the rank of Clinical Professor shall be appointed to a rolling horizon term of up to three years based on department and ESFCOM need. Faculty may remain at the rank of Clinical Associate Professor, if promotion to clinical professor is not pursued or is not granted, contingent upon satisfactory annual reviews. Clinical Full Professors are individuals who are national or internationally recognized for their teaching, clinical supervision and practice, scholarship, and service. They have made sustained and significant contributions to their field and have gained recognition outside the university as a result.
The candidate under consideration for promotion is responsible for preparing and maintaining a personnel file that provides material bearing on the criteria identified below, including at least:

a. Resume/CV
b. Teaching portfolio or other evidence of teaching excellence

Some faculty may place greater emphasis on one or another activities and may be less involved in others. Each candidate should work with their Chair (or Associate Chair at clinical campuses) to determine what materials are needed for promotion.

External letters of evaluation are not required for promotion in the clinical track. It is up to the Department Chair to determine if letters will be requested and submitted as part of the promotion packet. If letters are requested, the Chair or Associate Chair shall solicit these letters. The candidate may nominate reviewers; however, final selection will be made by the Department Chair or Associate Chair. Those selected will include at least two who have not been nominated by the candidate and will include no more than one of the candidate’s former professors. The reviewers will be provided with copies of the candidate’s curriculum vitae and additional materials noted above documenting the candidate’s accomplishments. The consultant reviewers will be asked to provide an evaluation of the quality and significance of the candidate’s work, effectiveness and professional contribution.

Typically, at the department level all tenured faculty and clinical faculty with the same or higher rank as that to which the candidate aspires, will review the work of the candidate under consideration for promotion. These faculty may then meet to discuss the candidate. Departments may also appoint their own FRPT committee who will ballot on the promotion of each clinical faculty member, instead of having all eligible faculty vote. Confidential signed ballots will be submitted to the Department Chair or Associate Chair.

**Areas of Evaluation**

*Teaching:* In the ESFCOM, teaching may take a variety of forms including, but not limited to, classroom instruction, clinical supervision, and mentorship, advising, and serving on master or doctoral thesis committees. Teaching scholarship may be included as both teaching and scholarship (as described below). It is incumbent on the applicant for promotion to document excellence in teaching. This is done primarily through a Teaching Portfolio. This document is prepared by the candidate and must be signed and dated by the candidate. It does not need to include all information (e.g., all student evaluations), but instead evidence that supports teaching excellence. The length and content of the teaching portfolio may vary in content and length, consistent with the candidate’s involvement in teaching. However the portfolio should not exceed five pages. The following information should be included.

A. Teaching Goals/Philosophy: A compact but thoughtful statement about the candidate’s teaching aspirations, strategies used for improvement, obstacles overcome and goals for teaching in the near future.
B. Teaching Responsibilities: This includes the percent effort dedicated to teaching; the specific courses, components, sessions taught; students supervised; settings in which supervision occurred; students advised or other advising activities; and graduate committee service. Descriptions should be as specific as possible and include information that allows for evaluation of the quantity and intensity of teaching. Other examples of teaching responsibilities include:
   a. Instructional innovations
   b. Extraordinary efforts with special groups of students
   c. Using research in teaching including using hands on research in the classroom or integrating scientific findings or methods into clinical supervision
   d. Out of class evaluation activities including involvement in development or evaluation of new curriculum
   e. Service on committees focused on instruction
   f. Learning about teaching-efforts to improve teaching
   g. Obtaining external funding to improve teaching or improve clinical programs
   h. Teaching continuing education courses
C. Evaluations: This section should consist of summaries of data from whatever methods for evaluating teaching are used and include evaluations by other groups besides students. The candidate can include explanations of evaluations which they believe may be potentially misleading. Teaching evaluations can include:
   a. Student evaluations
   b. Measures of student learning (e.g., performance of students on standardized tests)
   c. Peer evaluations including ratings by peers regarding observation of teaching, review of instructional materials. Letters from faculty can be included.
   d. Letters from former students
   e. Teaching awards
   f. Other evaluations
D. Results: The results of teaching should be documented and these include:
   a. Student successes such as awards, admission to graduate or post-graduate programs for which the candidate can claim some credit
   b. Instructional materials developed, e.g., textbooks written, teaching manuals, software, etc.
   c. Teaching scholarship including research about instruction, publication and presentation of these findings to university and nation-wide audiences
   d. Developing and providing continuing educational presentations or activities
   e. Other results
E. Collaboration: Evidence of collaborative teaching activities
   a. Co-teaching
   b. Guest lecturing
   c. Collaborating with other faculty to develop curriculum
   d. Collaborating with others in the supervision of students’ clinical work
   e. Collaborating with other in the supervision of students’ research

*Research and Scholarship:* Clinical faculty are expected to make contributions to scholarship and/or research. Scholarship can include activities such as teaching scholarship; clinical scholarship; continuous quality improvement, innovation,
evaluation, entrepreneurship and involvement in research. While scholarship expectations are not as rigorous as for tenure-track faculty, involvement in scholarship is an essential activity for all ESFCOM faculty. Both the quantity and quality of scholarship will be evaluated. Dissemination of teaching (e.g., conducting a study about a new teaching method, receiving a teaching grant) or clinical (e.g., publication of case reports, program evaluation reports) scholarship is appropriately included here. A non-prioritized, illustrative list of examples of scholarship follows:

A. Serving as a Principal on externally or internally funded research grants
B. Serving as a Co-Investigator on externally or internally funded research grants
C. Authoring peer reviewed research publications
D. Authoring peer-reviewed abstracts or presentations at national conferences
E. Serving as an editor for a journal or book
F. Authoring or presenting scholarship, including teaching and clinical scholarship, at national conferences
G. Authoring book chapters, text books, monographs, or other written scholarship
H. Design, implement, and disseminate results of teaching scholarship
I. Obtaining a grant to fund new educational programs
J. Design, implement and disseminate projects that seek to improve policies that impact on population health risk factors, social determinates of health, health behaviors and outcomes, as well as improve quality of health care (i.e., quality improvement projects)
K. Authorship of policy or professional reports or guidelines at a city, county, state, national or international level
L. Invited lectures at WSU and other institutions
M. Development of products or intellectual property that are likely to lead to commercialization or improvement in teaching, training, as well as patient or population health outcomes
N. Integration of scholarship (research findings) into teaching and clinical work
O. Use and evaluation of novel technology in teaching
P. Contributions to social media with widespread reach
Q. Letters from other faculty commenting on the scholarship by the candidate
R. When appropriate, examples of partnership with colleagues on research scholarship
S. Demonstration of the impact of the candidate’s scholarship

**Service:** Service is essential to the success of the ESFCOM and the university. Therefore, clinical faculty are required to provide some service to the ESFCOM. It is important that the applicant document their service in a level of detail that allows for accurate evaluation. Service might include the following:

A. Departmental, college or university committee service
B. Service in university administration
C. Involvement in relevant professional organization, including serving in a leadership or committee position
D. Involvement in local, state, national or international communities in a manner that improves the health and wellbeing of these communities
E. Serving on local, state, national or international advisory committees
F. Serving as a journal or grant reviewer
G. Mentoring of junior faculty and clinicians, particularly relevant to promotion from Associate to Full professors
H. Representing the Department, College or University to external bodies

Clinical Practice: Some but not all clinical faculty will engage in clinical practice as part of their involvement in the ESFCOM. Excellence in clinical practices is essential to providing outstanding clinical education. All practicing clinical faculty are expected to maintain appropriate licensure and credentials at their own expense. The following are suitable for documentation of clinical excellence.
A. Patient satisfaction survey results or other documentation of patient feedback (e.g., letters or emails from patients)
B. Documentation of improved patient outcomes
C. Awards and recognition for clinical care
D. Board certification
E. Clinical leadership such as serving as a supervising clinician, managing a clinical service, unit or practice
F. Evidence of expertise in a field or specialty. Documented evidence that the applicant has established local, national, or international expertise in a field as documented by letters from peers, publications in professional journals, presentations at conferences, or continuing education talks or trainings
G. Involvement in quality improvement initiatives. Participate, lead, or design quality improvement projects within the applicant’s scope of practice
H. Development and use of innovative and/or evidence-based practices in clinical care
I. Clinical growth, such as development of a new specialty or expertise through board certification, independent study, or continuing education
J. Documentation of clinical excellence from peers, supervisors, and students
K. Evidence of clinical collaboration (e.g., participation in multidisciplinary teams, case conferences, collaborative care)
L. Development of new clinical tools, programs and/or treatments
M. Fellowship, Masters status in national professional organizations (e.g., FACP, MAGA)
N. Provision of charity care to underserved populations, locally, nationally, or internationally

5.0 Related Polices
BPPM 60.55
WSU EP#29
Faculty Manual Section III.C.3

6.0 Revision History

<table>
<thead>
<tr>
<th>Original Approval</th>
<th>Guideline Number</th>
<th>Date Revision Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/21/2017</td>
<td>G.FR.03.02.170721</td>
<td></td>
</tr>
</tbody>
</table>